

Aug: 24, 2023 2:19 PM
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Division of Corporations

At: 0842 P. 1

L2300035206
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXPROS OF CLERMONT LLC
Account Number : I20210000146
Phone : (352)660-1026
Fax Number : (800)466-5730

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ADMIN@Taxprosofclermont.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TERCEIRA LLC

| | |
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| Certificate of Status | 0 |
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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AUG 25 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERCEIRA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/14/2023 and assigned
Florida document number L23000335206.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4279 S HWY 27 STE E

(Principal office address MUST BE A STREET ADDRESS)

Clermont, FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Tax Pros of Clermont LLC

New Registered Office Address:

4279 S HWY 27 STE E

Enter Florida street address

Clermont

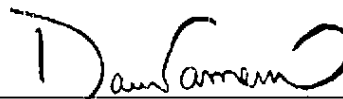
City

, Florida 34711

Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

No. 0042 P. 3

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 24 2023

Jose Silva

Typed or printed name of signee