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11/28/23--01015--008 \*\*25.00

## **COVER LETTER**

TO:

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CHD IDAT.		COMPANY LLC				
SUBJECT:		Name of Lir	nited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		Adriana Mendez				
			Name of Person			
		TAX SOLUTIONS & BO	OKKEEPING LLC			
			Firm/Company	<del></del>		
	7751 KINGSPOINTE PKWY SUITE 119					
		<del></del>	Address			
	ORLANDO, FL 32819					
			City/State and Zip Code			
		taxes.solutions100@gmail.	com			
		E-mail address: (	to be used for future annual report not	ification)		
For further i	nformation c	oncerning this matter, please c	all:			
Adriana Me	ndez		407 930 0829			
	Name o	f Person		ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
<b>■</b> \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sc	ection			
Division of Corporations			Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR&VR COMPANY 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 07/28/2023 \_\_\_\_\_ and assigned Florida document number \_ L23000357293 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

## 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.

\_\_. Florida \_\_\_\_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JULIANA P GARCIA MORAES	7633 RIPPLEPOINTE WAY, WINDERMERE, FL 3478	6 ■Add
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			_ DChange
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ffective date, if other than the	date of filing:(option	nal)
f an effective date is listed, the date mus Note: If the date inserted in this bloom	t be specific and cannot be prior to date of filing or more than 90 days after fock does not meet the applicable statutory filing requirements, this spartment of State's records.	iling.) Pursuant to 605.0207
record specifies a delayed effectiv l is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
October 26	2023	
		1
	ROGELIO PENA AGUILAR THE LE	
	Signature of a member or authorized representative of a member  Read of Potto Actual (1-4)	and the second
	Typed or printed name of signee	<del></del>

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