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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
INC. FORM	





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COVER LETTER

TO: Registration Se Division of Cor				
	E GENERAL SERVICES, LL	С		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
	ndence concerning this matter			
	GABRIEL R DUAILIBI			
		Name of Person		
	IPE TAX LLC			
		Firm/Company		
	9100 BELVEDERE ROA	D #206		
		Address		
	ROYAL PALM BEACH,	FL 33411		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	info@ipetax.com			
For further information c	e-mail address: (to be used for future annual report no	meation)	
GABRIEL R DUAILIBI	-			
	ť Person	at (<u>954</u> 284-3933 Area Code Daytir	ne Telephone Number	
(vaine o	i r cison	Alea Code Dilyiii	ne relephone isolator	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration S		
Division of Corporations P.O. Box 6327		Division of Co The Centre of		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our record Liability Company)	<u>ls.</u>)	
were filed on 08/11/2023	and assigned	
ility company here:		
lity Company," the designation "LLC	C" or the abbreviation "L.L.C."	
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	TO SE	
	25	
	安孝 - 仏	
	SSC P	
address on our records, <u>enter</u>	the name of the new register	
Enter Florida street addre	SS	
, Florida		
City	Zip Code	
	ility company here: lity Company," the designation "L.L.C. address on our records, enter	

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 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	<u>Address</u>	Type of Action
AMBR JHENY ALVES DE LANA	JHENY ALVES DE LANA	22529 SW 66TH AVE APT. 302	
		BOCA RATON, FL 33428	■Remove
			□Change
			□Add
			Remove
		 	□Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□Change
			\ _Add
			□Remove
			Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 8/12/2024 _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _____ Signature of a member or authorized representative of a member LORENA RODRIGUES MARGARITO Typed or printed name of signee

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Filing Fee: \$25.00