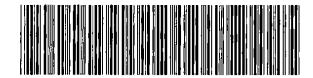
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## **COVER LETTER**

PETRICOR INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ka Sing Chang Name of Person PETRICOR INVESTMENTS LLC Firm/Company 1065 SW 8TH ST2030 Address Miami 33166 City/State and Zip Code info@ataxsolutionscorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 6006379 Ka Sing Chang Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	ompany as it now appears on ou	ir records.)	
(A Florida Litt	aned maonity Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on	23 and	d assigned
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agent and/or the new registered office address here:			
The Articles of Organization for this Limited Liability Company were filed on   [Iorida document number L23000387390]  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.C."  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 office address here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:		S 5	20.
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D. If amounting the resistance agent and/or registered of	Tion address on our regard	n onter the name of this	> jaga,
agent and/or the new registered office address here:	nce address on our record		
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N. C. C. D. Carrella and		rn C	S
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	City	, Florida Zip C	iode

## 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

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			≣ Change
MGR	Johan Manuel Suarez	451 Opal CT Altamonte Springs, Fl, 32714	<b>=</b> Adđ
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Filing Fee: \$25.00