

9/25/23, 4:48 PM

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TAX ZONE INC.
 Account Number : 120190000044
 Phone : (407)888-3131
 Fax Number : (588)453-0509

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

Email Address: Accounting@taxzoneinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANVAL LENA & INVESTMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

2023 SEP 26 PM 12:14

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 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

 SEP 27 2023
 K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANVAL LENA & INVESTMENT GROUP LLC

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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
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

ANVAI LENA & INVESTMENT GROUP 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 09/22/2023 and assigned
Florida document number L23000439374.

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:

(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

Florida

City

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

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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>	<u>Address</u>	<u>Type of Action</u>
VP	SOCOTA GRACIA , FRANCIA H	9070 REFLECTION POINTE DR	☐ Add
		WINDERMERE, FL 34786	☐ Remove
			☒ Change
VP	MONCADA, ALBERTO	9070 REFLECTION POINTE DR	☐ Add
		WINDERMERE, FL 34786	☐ Remove
			☒ Change
S	MARTINEZ SOCOTA, ANDRES C	9070 REFLECTION POINTE DR	☐ Add
		WINDERMERE, FL 34786	☐ Remove
			☒ Change
S	CORTES SOCOTA, VALENTINA	9070 REFLECTION POINTE DR	☐ Add
		WINDERMERE, FL 34786	☐ Remove
			☒ Change
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			☐ Change

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Agree Solicitor
Signature of a member or authorized representative of a member

Francis H. Secora
Typed or printed name of signee

Filing Fee: \$25.00