

6/21/24, 1:01 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 TRAINERS INTERNATIONAL CONSULTANTS LLC  
Account Number : I20210000123  
Phone : (321)315-9576  
Fax Number : (321)234-0285

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

Email Address: \_\_\_\_\_

FILED  
2024 JUN 21 AM 4:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MODIMAR INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 24 2024

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: MODIMAR INVESTMENTS 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:

MIGUEL J ROMER

Name of Person

TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Firm/Company

3585 GRANDE RESERVE WAY APT 209

Address

ORLANDO FL 32837

City/State and Zip Code

DOCS@TAXTRAINERSINTL.COM

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

For further information concerning this matter, please call:

MARIA INES CASTANEDA HERNANDEZ

+57 312 304-5435

at ( )

Name of Person

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

MODIMAR INVESTMENTS, 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 09/29/2023 and assigned  
Florida document number L23000451290

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:

TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

New Registered Office Address:

3585 GRANDE RESERVE WAY APT 209

Enter Florida street address

ORLANDO

Florida

32837

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

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>
AM	Diego Felipe Moreno Castaneda	10609 NW 32 LN	<input type="checkbox"/> Add
		HIALEAH FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	Monica Patricia Moreno Castaneda	10609 NW 32 LN	<input type="checkbox"/> Add
		HIALEAH FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	Diego Felipe Romero Castaneda	10609 NW 32 LN	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	Monica Patricia Romero Castaneda	10609 NW 32 LN	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Seal of the State of Florida  
TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WE'RE REQUESTING TO REMOVING AND ADDING MEMBERS DUE TO AN ERROR ON THEIR  
LAST NAMES. BUT THEY ARE THE SAME MEMBERS SO, THIS AMENDMENT IS MADE TO FIX  
THAT SITUATION

2024 JUN 21 AM 4:30  
ST. CATHARINE'S LORNO  
TALLAHASSEE, FLORIDA

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F. Effective date, if other than the date of filing: 09/29/2023 (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 JUNE 21 2024

*Maria Ines Castaneda*

Signature of a member or authorized representative of a member

MARIA INES CASTANEDA HERNANDEZ

Typed or printed name of signee

Filing Fee: \$25.00