# L23000521590

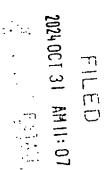
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 6 +AX SURVICES UC 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:
Helissa Carria Contras.
6 tax selvices UC Firm/Company
2217 NW 7 St Apt 1003
Hiami FL 33125 City State and Zip Code
melystan 1995 @ yahov, es E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Helissa Clania Cortinas at 1954, 544-7562  Name of Person Daytime Telephone Number
t Name of Person Area Code Dayonae Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

 $TO \cdot$ 

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

6 TA	X. Servi	ices LLC	- rosardi l	
(Name of the Limited I	Florida Limited Lia	y as it now appears on or ibility Company)	<u>ir records.)</u>	
The Articles of Organization for this Limited Liabi Florida document number $1.23050521590$		vere filed on	20 - 2023	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the Glania's Immigra	ation i	LC		
The new name must be distinguishable and contain the word.	s "Limited Liabilit	y Company," the designat	ion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicabl	e:	_2217 <u>NW</u>	1 9 st At	t 1003
(Principal office address MUST BE A STREET :	(ADDRESS)	miami =	FL 33125	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>'A')</u>			
B. If amending the registered agent and/or regi agent and/or the new registered office address h		dress on our record	s, enter the name o	the new registered
Name of New Registered Agent:	Helis	SA Glania 7th St Apt	Coetinas	<u> </u>
New Registered Office Address:	2217 NW	Enter Florida stre	1003	
-	miam	.t	Florida FL	33125
		City	•	ap 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 Registery 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
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			□Remove
			□Change

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Filing Fee: \$25.00