

(((H250002903173)))



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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CS TAX SOLUTIONS INC

Account Number : I20220000082 Phone : (305)235-6355 Fax Number : (786)513-3784

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

Email Address: cstaxsolutions(a) belisouth.net

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2896 27TH AVENUE NE LLC



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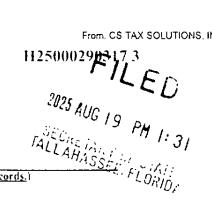
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**K**. SALY AUG 2 0 2025 Page: 2 of 4

2025-08-19 15:32:50 GMT

#### From, C\$ TAX SOLUTIONS, INC.

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2896 27TH AVENUE NE 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 Florida document number <u>L23000530659</u>	were filed on 11/29/20	)23	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbrev	riation "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 a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	eddress on our record			
			FloridaZip Code	
	City	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am fami er 605, F.S. Or, if ti	iliar with and his document is	
If Chan	ging Registered Agent, Sig	gnature of New Registe	red Agent	

2025-08-19 15:32:50 GMT

From: CS TAX SOLUTIONS, INC

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H25000290317.3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JENNIFER CASTRO	1481 16TH STREET NE	XlAdd
		NAPLES, FL 34120	□Remove
			☐ Change
			□Add
			☐ Add    Add   Ad
			□Remove
		<del></del>	□Change
			☐ Add
			□Remove
			□Change
			🗆 Add
			□Remove
		A-6-1	□Change
			□Add
			□Remove
			□ Change

#### H25000290317.3

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on effective date is listed, the date must offer. If the date inserted in this blocument's effective date on the Document	t be specific and cannot be ock does not meet the a	pplicable statutory	or more than 90 days after	filing.) Pursuant to 605.0207 (
record specifies a delayed effectiv is filed.	e date, but not an effect	ive time, at 12:01	a.m. on the earlier of: (b	The 90th day after the
August 19th	2025			
Rene Custi	<del></del> ት			
- Rete Casi	Signature of a member or			

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Filing Fee: \$25.00