L24 000 037 549

(Re	questor's Name)	
(Ad	dress)	
,	·	
DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(0)	siness Entity Nan	201
נומ)	Silless Entity Man	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		ļ
-		

Office Use Only



600430395146

06/004/21--01010--023 ***25.00

24 JUH -4 AM 5: 33

COVER LETTER

TTK HON	MES I LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EMILY K VU		
		Name of Person	·
	TTK HOMES 1 LLC		
		Firm/Company	\ <u>-</u>
	4411 BEE RIDGE RD, 63	3	
		Address	· · · · · · · · · · · · · · · · · · ·
	SARASOTA, FL 34233		
	* -	City/State and Zip Code	
	EMILYKVU@GMAIL.CC		
		to be used for future annual report noti	fication)
for further information	concerning this matter, please co	all:	
EMILY K VU		941 928-0368 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TTK HOMES 1 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 OCT 21, 2022 and assigned Florida document number L24000037549 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **QUICKTAXES LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation." 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:

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
<u>rigr</u>	Divid Phan	4411 Bec Ridge Rd Barasota, Fl 34233	□Add
v		Barasota, Fl 34233	Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change

					
				_	
					
					
					
					
					
				_	
effective date is listed te: If the date insert	er than the date of fi , the date must be specific ed in this block does n ate on the Department	and cannot be prior to of meet the applicab	date of filing or more t	doptional han 90 days after filin quirements, this dat	g.) Pursuant to 605.0207
	yed effective date, but	not an effective time	e, at 12:01 a.m. on th	he earlier of: (b) 1	The 90th day after the
MAY 29		2024			
MAY 29			.•		
is filed.		<i>-</i>			
is filed.	Signature c	2024 of a member or authoriz	ed representative of a	member	

MAY 29, 2024

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

ENTITY NAME: QUICKTAXES INC (CURRENTLY) – THERE IS A NAME CHANGE I SENT IN TO AMEND THIS NAME TO QUICKTAXES CORPORATION.

DOCUMENT NUMBER: P24000023805

SUBJECT: LETTER OF AFFIDAVIT

I, EMILY K VU, the duly authorized manager of QUICKTAXES INC, P24000023805, filed a voluntary dissolution of this corporation. Please call me at 941-928-0368 to confirm this request is acceptable before I file the dissolution for this corporation. Thank you.

Per your instruction, this signed affidavit attests that I am the same principle and have no intention of reinstating it. Therefore, I am releasing the name for use by my other entity's name change request for TTK HOMES 1 LLC, submitted along with this letter.

Respectfully yours,

Emily K Vu