Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000388297 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

,	v	٠	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CG TAX, INC.

Account Number : I19990000017

Phone : (305)485-9300

Fax Number : (305)485-1098

Enter the	email	address	for	this	busin	ess	entity	to	be	used	for	futur
Enter the Fannual	report	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FABA04, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FABA04, LLC (Name of the Limited Liability Company as it non appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/31/2024 _____ and assigned Florida document number L24000332480 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FABA04, LLC 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: N/A (Mailing address MAY BE A POST OFFICE ROX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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>	Name	<u>Address</u>	Type of Action
MGR	GLORIA I. RESTREPO	1552 SW 187TH TER	
		PEMBROKE PINES, FL 33029	
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			DAdd
			⊡Rcmove
_			□Change
_			
			Change

N/A 	
	
· · · · · · · · · · · · · · · · · · ·	
ective date, if other than the d	late of filing: (optional)
effective date is listed, the date must be in this block.	he specific and council he evident date of 500
ument's effective date on the Dep	on account incoming annually statistically bring requirements since data will and the con-
ord 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
filed.	The sounday after the
MOVEMBER 10	
NOVEMBER 19	
Si	ignature of a member or authorized representative of a member