L24000390835

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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	ODCUTS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Mariano Fayanas			
	-	Name of Person		
	FOLIE PRODCUTS LLC			
		Firm/Company	··· <u>-</u>	
	4805 NW 79TH AVE STI	E 10-07		
		Address		
	MIAMI, FL 33166			
		City/State and Zip Code		
	info@ataxsolutionscorp.cor E-mail address: (n to be used for future annual report no	stification)	
For further information c	oncerning this matter, please c		,	
Mariano Fayanas		305 462-9311		
	f Person	at ()	T. J. J. Konstein	
Name o	i reison	Area Code 12ayu	ane reiephone Number	
Enclosed is a check for th	ne 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 S		Street Address: Registration S	Section	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 SEP 20 PM 4: 11

FOLIE PRODCUTS LLC

(Name of the Limited Liability Company as it now appears on our records:)
(A Florida Limited Liability Company)

AHASS The Articles of Organization for this Limited Liability Company were filed on $\frac{09/06/2024}{1}$ and assigned Florida document number L24000390835 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FOLIE PRODUCTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: 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.

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
			□Remove
			□Change
			Remove
			□ Change
			□Add
			□Remove
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			Remove
			□Change

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	(IS
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than	an 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable statutory filing requiument's effective date on the Department of State's records.	airements, this date will not be listed as
•	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
s filed.	
Signature of a member or authorized representative of a n Mariano Favanas	
ed	
Merchan	

Filing Fee: \$25.00