

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L24000433409**

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

((H24000350096 3)))



H240003500963ABCS

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

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAXPEOPLE LLC  
Account Number : I20200000160  
Phone : (772)460-1000  
Fax Number : (772)777-3071

RECEIVED  
DIVISION OF STATE  
TALLAHASSEE, FL

2024 OCT 21 PM 2:36

FILED

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

Email Address: \_\_\_\_\_

RECEIVED

2024 OCT 21 PM 12:00

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**F G DINIZ BEST PLACE, LLC**

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

M. SOLOMON  
OCT 21 2024

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Registration Section  
Division of Corporations

### F G DINIZ BEST PLACE, LLC

SUBJECT: \_\_\_\_\_  
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:

CLAUDIO TOLEDO RIBEIRO

\_\_\_\_\_  
Name of Person

TAXPEOPLE, LLC

\_\_\_\_\_  
Firm/Company

2855 SW BRIGHTON ST

\_\_\_\_\_  
Address

PORT LUCIE, FL 34953

\_\_\_\_\_  
City/State and Zip Code

info@taxpeoplefl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2024 OCT 21 PM 2:36

FILED

SECTION OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

772

460.1000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
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

**F G DINIZ BEST PLACE, LLC**

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

and assigned

The Articles of Organization for this Limited Liability Company were filed on 10/09/2024  
Florida document number: **L24000433409**

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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

City

Florida

Zip 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 Registered Agent, Signature of New Registered Agent:

(((H24000350096 3)))

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

NGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FERNANDA GOMES DINIZ	200 ELDRON BLVD SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED  
2024 OCT 21 PM 2:36  
CLERK OF DISTRICT COURT  
HALL COUNTY, MISSISSIPPI

**Claudio T. Ribeiro/Taxpeople, LLC**