

1/21/2021

Division of Corporations

L21000015538

Florida Department of State
Division of Corporations
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From: Account Name : TAX CARE DORAL
Account Number : I201900000008
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: jessica.torres@taxcareinc.com

2021 JAN 21 AM 11:46
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TROUVER DESIGN LLC**

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JAN 22 2021

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

TROUVER DESIGN 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 JANUARY 20, 2021 and assigned Florida document number L21000015538.

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.L.C."

Enter new principal offices address, if applicable:

1966 NE 201ST STREET

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33179

Enter new mailing address, if applicable:

1966 NE 201ST STREET

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33179

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

City

_____, 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

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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NATHALIA RESNIK	1966 NE 201ST STREET	<input type="checkbox"/> Add
		NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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