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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATION

10 JUL -9 AM II: 85

T. HAMPTON

JUL 1 2 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora		• •		
SUBJ	ECT:	USA Tax &	Financial Services 22	<u>-</u> C	
	•	Name of Limi	ted Liability Company		
The en	nclosed Articles of Ame	endment and fee(s) are sul	omitted for filing.	:	
Please	e return all corresponde	nce concerning this matter	to the following:		
			Jose Acosta		
			Name of Person	1	
	_	USA	Tax & Financial Services	LLC	
			Firm/Company -		
			2050 NW 190th Ave		
	, -		Address		
	•	Pe	mbroke Pines, FI 33029	:	
-			City/State and Zip Code		
F.moil add			pepeacosta@yahoo.com to be used for future annual report not	fication)	
For fu	urther information conce	erning this matter, please of	•	(
	· •	A 4 -	700		•
Jose Acosta Name of Person		at (786) Area Code & Daytin	380-3091 ne Telephone Number		
			•	1.	
Enclo	sed is a check for the fo	ollowing amount:		• • •	
□\$ 2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	atus &
, ·	and the second			,	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA	Tax & Fina	ancial Service	es ZZC		
Name of the Limited I (A F	iability Compa Ilorida Limited I	ny as it now appea liability Company)	rs on our records.)		
			ŀ		
The Articles of Organization for this Limited Lia	bility Company	were filed on	05-28-2010	and assigned	
Florida document number L100000575					
			•		
This amendment is submitted to amend the follow		•			
A. If amending name, enter the new name of t	the limited liab	ility company he	re:		
			<u>.</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Comp	any," the designation "I	LC" or the al	obreviation
Enter new principal offices address, if applicable:		13170 SW 1	28 ST # 204		<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	Miami, FI 33	186 '	5	SEC
				2	ZA.
		<u> </u>	ì	-9	FRY CO
Enter new mailing address, if applicable:	13170 SW 128 ST # 204		2	장우 ^년	
(Malling address MAY BE A POST OFFICE B	Miami, Fl 33	186		ST/ DR/	
		٠,		CI	- TE
•			•		Š
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:	Jose A	costa	1		
New Registered Office Address:	13170 SW 128 ST # 204				
		Er	ter Florida street add	ress	4
		Miami	, Florida	33186	
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name Address **Type of Action** MGRM Abel Gonzalez 13170 SW 128 ST # 204 √ Add Remove MGRM Jose R. Escalante 13170 SW 128 ST # 204 ✓ Add Miami_FL33186__ Remove MGR **Tania Mulet** 2050 nw 190th Ave ☐ Add Pembroke Pines Fl 33029 **Remove** Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July, 6 2010 Dated Signature of a member or authorized representative of a member Jose Acosta

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee.