

# L 14000102580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

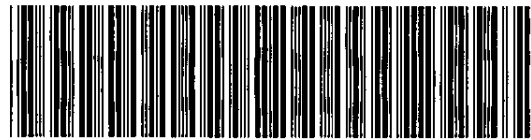
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP - 3 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2014

WANCITO FRANCIUS  
12501 NE 5TH AVE STE C  
NORTH MIAMI, FL 33161

SUBJECT: INTELLIGENCE TAX SERVICES, LLC  
Ref. Number: L14000102580

We have received your document for INTELLIGENCE TAX SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 814A00017137

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INTELLIGENCE TAX SERVICES, LLC**  
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:

**WANCITO FRANCIUS**  
Name of Person

Firm/Company  
**12501 NE 5TH AVENUE SUITE C**  
Address

**NORTH MIAMI, FL 33161**  
City/State and Zip Code

**WFRAN021@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**WANCITO FRANCIUS** at **305** **942-1235**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**INTELLIGENCE TAX SERVICES, LLC**

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

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The Articles of Organization for this Limited Liability Company were filed on 06/26/2014 and assigned Florida document number L14000102580.

This amendment is submitted to amend the following:

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

**INTELLIGENCE TAX SERVICES, LLC**

The new name must be distinguishable and end with 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)**

12501 NE 5TH AVENUE SUITE C  
NORTH MIAMI, FL 33161

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12501 NE 5TH AVENUE SUITE C  
NORTH MIAMI, FL 33161

**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:**

WANCITO FRANCIUS

**New Registered Office Address:**

13770 NE 3TH CT BLDG 4 UNIT 302

Enter Florida street address

NORTH MIAMI

City

, Florida FL 33161

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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|------------------|---------------------------------|--|
| MGR          | WANCITO FRANCIUS | 13770 NE 3RD CT BLDG 4 UNIT 302 | <input checked="" type="checkbox"/> Add    |
|              |                  | NORTH MIAMI, FL 33161           | <input type="checkbox"/> Remove            |
| MGR          | CAZEAU JOSETTE   | 12501 NE 5TH SUITE C            | <input type="checkbox"/> Add               |
|              |                  | NORTH MIAMI, FL 33161           | <input checked="" type="checkbox"/> Remove |
| AMBR         | CAZEAU JOSETTE   | 12501 NE 5TH AVENUE SUITE C     | <input checked="" type="checkbox"/> Add    |
|              |                  | NORTH MIAMI, FL 33161           | <input type="checkbox"/> Remove            |
|              |                  |                                 | <input type="checkbox"/> Add               |
|              |                  |                                 | <input type="checkbox"/> Remove            |
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 TALLAHASSEE, FL 32310

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 1, 2014

Signature of a member or authorized representative of a member

  
**WANCITO FRANCIUS**

Typed or printed name of signee

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Filing Fee: \$25.00

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