

L16 0000 07749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

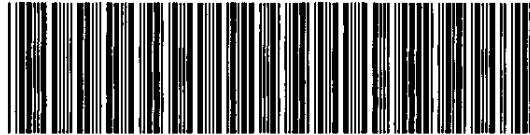
(Document Number)

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TALLAHASSEE, FLORIDA

2016 JUL -8 P 3:49

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JUN 11 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

ADRIANA DIAZ
12912 SW 133 CT SUITE B
MIAMI, FL 33186

SUBJECT: EUGUARDIAN LLC
Ref. Number: L16000007749

2016 JUL 11 PM 2:02
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EUGUARDIAN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00013570

2016 JUL -8 PM 3:49
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EUGUARDIAN 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:

ADRIANA DIAZ

Name of Person

STAR TAXES INC

Firm/Company

12912 SW 133 CT Suite B

Address

MIAMI, FL 33186

City/State and Zip Code

STAR.TAXES@YAHOO.COM

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

For further information concerning this matter, please call:

EUDORO LADINO

305 606-2604
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2018 JUL -8 P 3:49
TALLAHASSEE, FL
REGISTRATION SECTION

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

EUGUARDIAN 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 01/11/2016 and assigned Florida document number L16000007749.

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:

(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

City

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2016 JUL - 8 PM 3
TALLAHASSEE, 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 Changing Registered Agent, Signature of New Registered Agent

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>
MMGR	OSCAR LADINO	12032 SW 126 LN	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	MARGARITA LADINO	12032 SW 126 LN	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 JUL -8 PM 3:41
 TALLAHASSEE
 STATE
 SECRETARY
 OF
 TREASURY

FILED


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

FILED
2016 JUL -8 P 3
STATE ARCHIVES
TALLAHASSEE, FL 32301

E. Effective date, if other than the date of filing: 07/05/2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 05 2016



Signature of a member or authorized representative of a member

EUDORO LADINO

Typed or printed name of signee