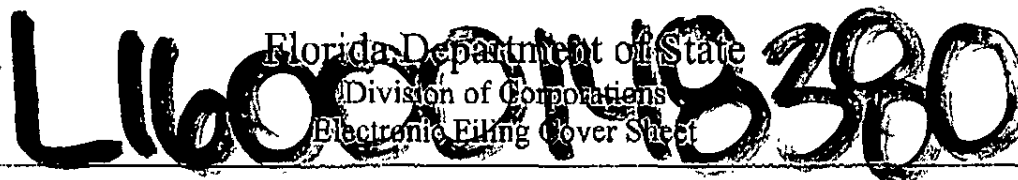


Jan. 5. 2017 11:31AM
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Division of Corporations

No. 2643 P. 1



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(((H17000003968 3)))



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

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIMOES SERVICES LLC**

Certificate of Status	0
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D. SCOTT

JAN 6 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIMOES SERVICES LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: DANILO SANTANA

Firm/Company: US TAX CONSULTING INC

Address: 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

support@ustaxconsulting.net

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

For further information concerning this matter, please call:

DANILO SANTANA
Name Person

(407) 674-8969
Phone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
SIMOES SERVICES LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 08/09/2016 and assigned Florida document number .

Florida document number: L16000148380.

Article I

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."

Article II

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*)

Article IV

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: RENATA LOYOLA

New Registered Office Address: 4353 CREEKSIDE BLVD, KISSIMMEE, FL 34746

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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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

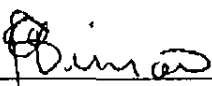
Title	Name	Address	Type of Action
AMBR	JEFFERSON SIMOES	6636 MISSION CLUB BLVD	REMOVE <input type="checkbox"/>
		KISSIMMEE, FL 34746	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	CLEIMAR M DOS SANTOS SIMOES	6636 MISSION CLUB BLVD	REMOVE <input type="checkbox"/>
		KISSIMMEE, FL 34746	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
AR	CLEIMAR M DOS SANTOS SIMOES	6636 MISSION CLUB BLVD	REMOVE <input checked="" type="checkbox"/>
		KISSIMMEE, FL 34746	ADD <input type="checkbox"/>

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

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: JANUARY 05, 2017.



Signature of a member or authorized representative of a member

CLEIMAR M DOS SANTOS SIMOES

Typed or printed name of signee

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