

Florida Department of State

Division of Corporations

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To:

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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
18 SERVICES LLC

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

The Articles of Organization for this Florida Limited Liability Company were filed on 03/16/2020 and assigned Florida document number: L20000082408

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:

New Registered Office Address:

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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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	SARTORI, THAIS	3320 SHADY OAK DR EAST LAKELAND, FL 33810	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>
AMBR	YAKHIN, ARIEL	109 MELISSA TRAIL AUBURNDALE, FL 33823	REMOVE <input checked="" type="checkbox"/> ADD <input type="checkbox"/>

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

D. 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: 11/04/2020

Signature of a member or authorized representative of a member

Marcio M Nunes

Typed or printed name of signer

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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