

LO6000020046

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000172684 3)))



H140001726843ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TAX PLACE
Account Number : I20100000011
Phone : (954) 369-4444
Fax Number : (954) 369-4446

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

Email Address: _____

FILED
14 AUG 21 PM 10:37
TALLAHASSEE, FL
SECRETARY OF STATE

RECEIVED

14 AUG 21 AM 6:40

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WILLILUCI LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

AUG 22 2014

S. YOUNG

850-617-6381

7/25/2014 11:27:24 AM PAGE

14001* Fax Server



July 25, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WILLILUCI LLC
1660 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

FILED
14 AUG 21 PM 10:32
TALLAHASSEE, FL
SECRETARY OF STATE

We have received your document for WILLILUCI 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H14000172684
Letter Number: 614A00015985

RECEIVED

14 AUG 21 AM 6:40

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

Affidavit

Taxplace Corp
Document PD4000143367
2052 SW DRIFTWOOD ST.
PORT ST. LUCIE, FL 34953

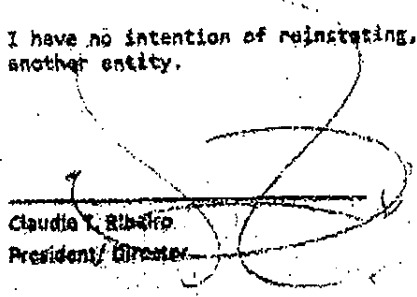
08/13/2014

Florida Department of State

RE: Releasing the name for use to another entity

To whom it may concern,

I have no intention of reinstating, therefore, releasing the name for use to another entity.


Claudia T. Ribeiro
President/ Director

State of Florida
County of Broward
On this 15 day of August, 2014
before me personally appeared Claudio T. Ribeiro
to me known to be the person who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.
SEAL (signed)


NOTARY PUBLIC



FILED
14 AUG 21 PM 10:32
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

WILLILUCI 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 02/23/2006 and assigned
Florida document number LO6000020046

This amendment is submitted to amend the following:

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

TAXPLACE L.L.C.

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)

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

City, Florida 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

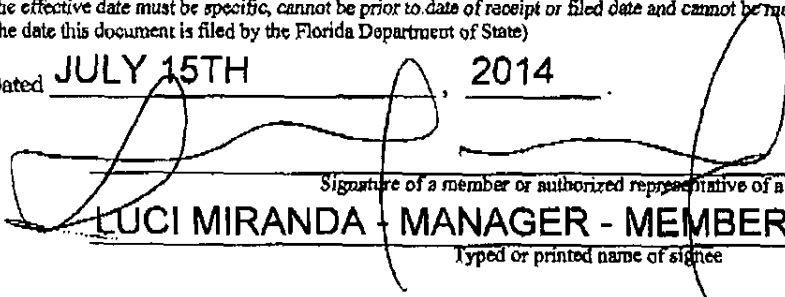
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
14 AUG 2 2014
TOLSON
FBI
14 AUG 2 2014
FBI
14 AUG 2 2014
FBI

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: 07/15/2014 (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 JULY 15TH, 2014



Signature of a member or authorized representative of a member

LUCI MIRANDA - MANAGER - MEMBER

Typed or printed name of signee

FILED
14 AUG 21 PM 10:32
SECRETARY OF STATE
TALLAHASSEE, FL 32399