# L01000(3263

(Re	questor's Name)	
(Ad	dress)	<del> </del>
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### BEST QUICK TAX RETURNS, INC. 320 S BUMBY AVE STE 10 ORLANDO, FL 32803 PH: 407-896-7921 FAX: 407-895-8139

TRASMITTAL LETTER

THIS LETTER IS TO BE ACOMPANIED BY \$25.00 FOR A STAMPED COPY OF THE ARTICLES TO BE MAILED TO:

BEST QUICK TAX RETURNS, INC. 320 S BUMBY AVE STE 10 ORLANDO, FL 32803

THANK YOU

2007 AUG -7 AM 10: 55

# **COVER LETTER**

TO: Registration Division of C					
SUBJECT: EZ H	AUL AUTO TRAI	NSPORT, LLC			
SUBJECT:		mited Liability Company)	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
		-CAC			
	MIGUEL I VILLE	(Name of Person)			
EZ HAUL AUTO TRANSPORT, LLC (Firm/Company)					
	6151 Metro West Blvd. Apt. 207				
	o 15 i Mello Wes	(Address)			
	Orlando, Fl 328	35			
		(City/State and Zip Code)	<del> </del>		
For further information	concerning this matter, please	cali:			
Miguel I Ville		at ( 407 ) 467-683  (Area Code & Daytin	0		
(Nam	e of Person)	(Area Code & Daytin	ne Telephone Number)		
Enclosed is a check for the	e following amount:		77. 21		
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Rec.  Certificate of Status & Certificate Copy (additional copy is enclosed)		
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n Similar of the state of the s		

Tallahassee, FL 32301

### **Articles of Amendment**

To

## **Articles of Organization**

Of

# EZ HAUL AUTO TRANSPORT,LLC L07000013263

FIRST: The Articles of Organization were filed on February 2, 2007.

**SECOND:** This amendment is submitted to amend the following:

### **ARTICLE I**

The name of the Limited Liability Company is:

1ST US ENTERPRISES, LLC

Signed this 31st of JULY, 2007.

Signature:		
	dun.	
	Signature of a member or authorized rep	resentative of a member.

OR

(By a manager if adopted by managers)

**MIGUEL I VILLEGAS** 

Typed or printed name

**MANAGER** 

Title

SECRETARY OF STATE