

LD7000053507

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

From: Account Name : USA TAX CORPORATION
Account Number : 120060000112
Phone : (954) 788-1818
Fax Number : (954) 788-6765

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GUARANTEE TRANSFER, LLC

| | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: GUARANTEE TRANSFER, 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:

MARCO REIS
(Name of Person)

USA TAX CORPORATION
(Firm/Company)

591 E. SAMPLE ROAD
(Address)

POMPANO BEACH, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO REIS at (9 5 4) 7 8 8 - 1 8 1 8
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

GUARANTEE TRANSFER, 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 05/18/2007 and assigned
Florida document number L07000053507

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

TATIANA CARVALHO DA SILVA

New Registered Office Address:

591 E. SAMPLE RD.

(Enter Florida street address)

POMPANO BEACH

(City)

Florida 33064

(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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---|--|
| MGR | JOSE A. DA SILVA | 6211 SWANS TERRACE COCONUT CREEK, FL 33073 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add Remove |
| | | | <input type="checkbox"/> Add Remove |
| | | | <input type="checkbox"/> Add Remove |
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| | | | <input type="checkbox"/> Add Remove |

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TALLAHASSEE, FLORIDA

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

PLEASE CHANGE THE PRINCIPAL AND MAILING ADDRESS TO:

591 E. SAMPLE ROAD, POMPANO BEACH, FL 33064

Dated AUGUST 20th, 2009

Tatiana Carvalho Da Silva

Signature of a member or authorized representative of a member

TATIANA CARVALHO DA SILVA

Typed or printed name of signee