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USA TAX CORPORATION

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# 107000060347

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 : I20060000112  
Phone : (954) 788-1818  
Fax Number : (954) 788-6765

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIC

EXCELL COMPUTERS EXPORT, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

M. THOMAS

AUG 12 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EXCELL COMPUTERS EXPORT, 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 CORP.

(Firm/Company)

591 E. SAMPLE RD.,

(Address)

POMPAÑO BEACH, FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO REIS

(Name of Person)

at (9 5 4) 7 8 8 - 1 8 1 8

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**EXCELL COMPUTERS EXPORT, 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 06/07/2007 and assigned  
Florida document number L07000060347

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

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TALLAHASSEE, FLORIDA

**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

Title	Name	Address	Type of Action
MGRM	SIMONE MULLER	2625 COLLINS AVENUE # 1908 MIAMI BEACH, FL 33140	<input checked="" 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

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

PLEASE, CORRECT THE FEI NUMBER TO:

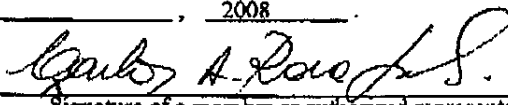
75-3243470

\* FORM SS4- IS ATTACHED \*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated AUGUST 11 TH, 2008



Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

Form **SS-4** **Application for Employer Identification Number**  
 (Rev. February 2006)  
 Department of the Treasury  
 Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

DMD No. 1645-0008  
 EIN **75-3243470**

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested  
**EXCELL COMPUTERS EXPORT LLC**

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)  
**1985 LINTON LAKE DR APT F**

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code  
**DELRAY BEACH, FL 33445**

5b City, state, and ZIP code

6 County and state where principal business is located  
**PALM BEACH**

7a Name of principal officer, general partner, grantor, owner, or trustee  
**CARLOS ALBERTO RAVAGNOLI**

7b SSN, ITIN, or EIN  
**FOREIGN**

8a Type of entity (check only one box)  
☐ Sole proprietor (SSN) \_\_\_\_\_  
☐ Partnership \_\_\_\_\_  
☐ Corporation (enter form number to be filed) ▶ \_\_\_\_\_  
☐ Personal service corporation \_\_\_\_\_  
☐ Church or church-controlled organization \_\_\_\_\_  
☐ Other nonprofit organization (specify) ▶ \_\_\_\_\_  
☒ Other (specify) ▶ **LLC 1065**

☐ Estate (SSN of decedent) \_\_\_\_\_  
☐ Plan administrator (SSN) \_\_\_\_\_  
☐ Trust (SSN of grantor) \_\_\_\_\_  
☐ National Guard ☐ State/local government  
☐ Farmers' cooperative ☐ Federal government/military  
☐ REMIC ☐ Indian tribal governments/enterprises  
 Group Exemption Number (GEN) ▶ \_\_\_\_\_

8b If a corporation, name the state or foreign country State Foreign country  
 (if applicable) where incorporated

9 Reason for applying (check only one box)  
☒ Started new business (specify type) ▶ **NEW BUSINESS**  
☐ Hired employees (Check the box and see line 12.)  
☐ Compliance with IRS withholding regulations  
☐ Other (specify) ▶ \_\_\_\_\_  
☐ Banking purpose (specify purpose) ▶ \_\_\_\_\_  
☐ Changed type of organization (specify new type) ▶ \_\_\_\_\_  
☐ Purchased going business  
☐ Created a trust (specify type) ▶ \_\_\_\_\_  
☐ Created a pension plan (specify type) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year). See instructions.  
**JUNE 07, 2007**

11 Closing month of accounting year  
**DECEMBER**

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income tax first been paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months (enter -0- if none).  
 Do you expect to have \$1,000 or less in employment tax liability for the calendar year? ☐ Yes ☐ No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)  
 Agricultural Household Other

14 Check one box that best describes the principal activity of your business.  
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker  
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail  
☐ Other (specify) \_\_\_\_\_

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.  
**IMPORT AND EXPORT**

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
 Note. If "Yes," please complete lines 16b and 15c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
 Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
 Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee  
 Designee's name  
**USA TAX CORPORATION - JACKELINE MONTENEGRO**  
 Designee's telephone number (include area code)  
**( 954 ) 788-1818**  
 Address and ZIP code  
**591 E. SAMPLE ROAD, POMFANO BEACH, FL 33064**  
 Designee's tax number (include area code)  
**( 854 ) 788-6765**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **CARLOS ALBERTO RAVAGNOLI MGR**  
 Applicant's telephone number (include area code)  
**( 305 ) 216-6875**  
 Applicant's tax number (include area code)  
**( )**

Signature ▶ *Carlos A. Ravagnoli* Date ▶ **06-07-07**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 2-2006)