L080000 36696

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	.
Certified Copies	_ Certificates	s of Status
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13 JAN 29 PM 3: 57

BINITER OF CORPORATIONS

JAN 3 0 2013 T. **HAMPTO**N

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Alltax Multiservic	Limited Liability Company		
Name of	Elimited Elability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Geny Ramirez			
Name of Person			
Alltax Multiservice LLC			
Firm/Company			
1412 W Waters Av Suite	de 103		
Address			
Tampa FI 33604			
City/State and Zip Code			
casalayon@hotmail.con	n		
E-mail address: (to be used for future annual report	notification)		
For further information concerning this mat	ter, please call:		
Geny Ramirez	at (813) 81070850		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the followi	ng amount:		
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 JAN 29 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 17, 2013

GENY RAMIREZ 1412 W WATERS AV STE 103 TAMPA, FL 33604

SUBJECT: ALLTAX MULTISERVICE GROUP, LLC

Ref. Number: L08000036696

We have received your document for ALLTAX MULTISERVICE GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What are you trying to change?

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 713A00001420

To: Florida Department of State Division of Corporations

Subject: Address Change

Concerning the letter you sent back on January 17th, 2013 asking what we were trying to change, we wanted to change the address that appears on the sunbiz.org website since the Primary and Mailing address of the LLC is incorrect, the correct address for BOTH is 1412 W. Waters Ave. Tampa, FL 33604. The check has been deposited to your offices; this is the only change that we ask.

Thank you,

Geny Ramirez.

Cent Chamire

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		CE GROUP, LLC	
(Name of the Limited	Liability Compa	ny as it now appears on ou liability Company)	r records.)
(A	Florida Limited L	Diability Company)	and the second second
The Articles of Organization for this Limited Li	ability Company	were filed on 4/11/08	and dssigned
Florida document number L08000036696			
Tionaa accument namber	 •		
			29 SEE
This amendment is submitted to amend the following:			
A Year and the name and and the name and	Fthalimitad liah	ilitu aamaanu hana	5.7° /.
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		1412 W Waters Av	<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 103	
•		Tampa, FI 33604	
Enter new mailing address, if applicable:		1412 W Waters Av	/
(Mailing address MAY BE A POST OFFICE BOX)		Suite 103	
		Tampa, FI 33604	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Tice address her	aters Av Suite 103	
	Enter Florida street address		
·	Tampa		_, Florida <u>33604</u>
		City	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 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> Name **Address** Type of Action Remove Remove Remove

Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
*	
Dated	
	Signature of a member of authorized representative of a member ENY C RAMIREZ
	GENY C RAMIREZ
	Printed or typed name of signee

Filing Fee: \$25.00

13 JAN 29 PH 3: 57