

L10000049714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

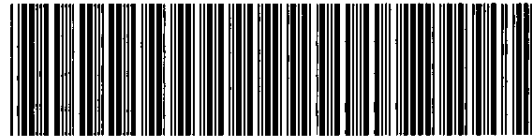
L1-49714

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600211228866

08/23/11--01007--008 **25.00

FILED
11 SEP -2 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 2 - 2011

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: Shields Tax Consulting, 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:

Edward Borowski

Name of Person

Shields Tax Consulting, LLC

Firm/Company

1111 Lincoln Rd, 4th Floor

Address

Miami Beach, FL 33139

City/State and Zip Code

edward@shieldstax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Borowski

Name of Person

at (305)

433-5703

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2011

EDWARD BOROWSKI
SHIELDS TAX CONSULTING, LLC
1111 LINCOLD ROAD, 4TH FLOOR
MIAMI BEACH, FL 33139

SUBJECT: SHIELDS TAX CONSULTING, LLC
Ref. Number: L10000049714

We have received your document for SHIELDS TAX CONSULTING, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please check the box for Type of Action.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 611A00019815

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

FILED
11 SEP -2 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shields Tax Consulting, 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 05/10/2010 and assigned
Florida document number L10000049714.

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."

Enter new principal offices address, if applicable:

1111 Lincoln Rd

(Principal office address MUST BE A STREET ADDRESS)

4th Floor

Miami Beach, FL 33139

Enter new mailing address, if applicable:

1111 Lincoln Rd

(Mailing address MAY BE A POST OFFICE BOX)

4th Floor

Miami Beach, FL 33139

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:

1111 Lincoln Rd, 4th Floor

Enter Florida street address

Miami Beach

, Florida

33139

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 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	Edward Borowski	1111 Lincoln Rd 4th Floor Miami Beach, FL 33139	<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.)*

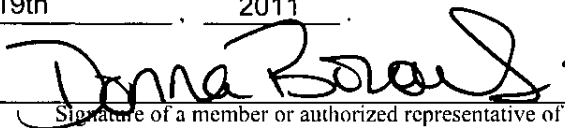
MGRM Donna Borowski's address changed to:

1111 Lincoln Rd

4th Floor

Miami Beach, FL 33139

Dated August 19th, 2011



Signature of a member or authorized representative of a member

Donna Borowski

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP - 2 PM 3:29

FILED