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AUG 2 2 2014

S. YOUNG

#### **COVER'LETTER**

TO: ' Registration Section **Division of Corporations** 

## INTERNATIONAL TAX & COMMERCE ADVISORS, LLC

SUBJECT:

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:

WILLIAM E. BONNER II			
Name of Person			
INTERNATIONAL TAX & COMMERCE ADVISORS, LLC			
Firm/Company			
12025 RIVERHILLS DRIVE	三 三 三 三 三 三 二	11,	
Address			
TAMPA, FL. 33617	(0 1) (2 = 111 -	2	
City/State and Zip Code	<del></del> ,-	: #	·
-ON F,16-	골길	r:	
E-mail address: (to be used for future annual report notification)		5	
cerning this matter, please call:			

For further information con

# WILLIAM E. BONNER II

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### INTERNATIONAL TAX & COMMERCE ADVISORS, 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	<sub>d on</sub> <u>05/21/2010</u>	and assigned
Florida document number L10000054865		
- Institute december institute		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
	Z Sn	
The new name must be distinguishable and end with the words "Limited Liability Compa	any," the designation "LLC" or the abb	previation "L.L.C."
	1771 	島田
Enter new principal offices address, if applicable:	<u> </u>	<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
	.2.1	PE O
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		ີ້
Enter new mailing address, if applicable:		ω
(Mailing address MAY BE A POST OFFICE BOX)		
	· ·	
B. If amending the registered agent and/or registered office add	ress on our records enter th	ne name of the new
registered agent and/or the new registered office address here:	ress on our records, enter th	ic name of the nev
Together agent and of the property of the second se		
Name of New Registered Agent:		
N. B. '. 1005 All.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
City		Zip Code
New Pagistared Agent's Signature if changing Registered Agent		

#### 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	REBECCA WILLIAMS	4608 NORTH STRAUSS ROAD	
		PLANT CITY, FL. 33565	Remove
			Add
			□ Remove
<del></del>	·	· · · · · ·	Add
			Remove
			MIS 21
-		75. 75. 88.	Add 7
		SH.	
			□ Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets  JUST REMOVING THE ABOVE MGRM ON RECORD (REBECCA	
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)  Detect AUGUST 19	(optional) 90 days after
Signature of a member or authorized representative of a member  WILLIAM E. BONNER II  Typed or printed name of signee	т
Page 3 of 3	14 AUG 21 MH 44 48 SECRETALIC SIAIE TALLAHASSER, H SHOW

Filing Fee: \$25.00