

L11000111988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

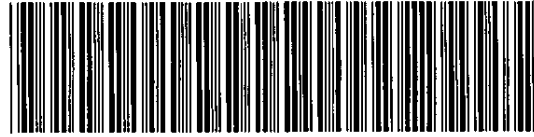
(Business Entity Name)

(Document Number)

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FILED  
14 JUL 18 PM 1:45  
TALLAHASSEE, FLORIDA

JUL 21 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUBATAX & TRAVEL

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:

KETYS RAMIREZ

Name of Person

A CUBA INCOME TAX SERVICES

Firm/Company

7211 N DALE MABRY AVE STE 200

Address

TAMPA, FL 33614

City/State and Zip Code

KETYSR@YAHOO.COM

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

For further information concerning this matter, please call:

KETYS RAMIREZ

Name of Person

at 813 493-0199

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

June 23, 2014

KETYS RAMIREZ  
A CUBA INCOME TAX SERVICES,LLC  
7211 N DALE MABRY AVE STE 200  
TAMPA, FL 33614

SUBJECT: CUBATAX & TRAVEL LLC  
Ref. Number: L11000111988

We have received your document for CUBATAX & TRAVEL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 814A00013566



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2014

KETYS RAMIREZ  
5820 N CHURCH AVE UNIT 239  
TAMPA, FL 33614

2ND ML

SUBJECT: CUBATAX & TRAVEL LLC  
Ref. Number: L11000111988

We have received your document for CUBATAX & TRAVEL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 814A00013566

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

**CUBATAX & TRAVEL LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
14 JUL 18 PM 1:45  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/30/2011 and assigned Florida document number L11000111988.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**A CUBA INCOME TAX SERVICES, LLC**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

7211 N DALE MABRY HWY

STE 200

TAMPA, FL 33614

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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

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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
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		_____	<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.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 17, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Kelys Ramirez

\_\_\_\_\_  
Typed or printed name of signee