

L110000122058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

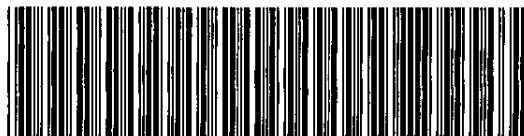
(Document Number)

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12 JAN 25 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. Custom JAN 26 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE TAX SERVICES AND MORE, 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:

ALDES ISRAEL

Name of Person

UNIQUE TAX SERVICES AND MORE

Firm/Company

4386 NW 31ST AVE

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

aldes07@yahoo.com

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

For further information concerning this matter, please call:

ALDES ISRAEL

Name of Person

at (954)

638-3551

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

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

FILED
12 JAN 25 AM 10: 13

UNIQUE TAX SERVICES AND MORE, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 26, 2011 and assigned Florida document number L11000122058.

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:

4386 NW 31ST AVE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL. 33309

Enter new mailing address, if applicable:

P. O. Box 590725

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33359-0725

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:

ALDES ISRAEL

New Registered Office Address:

4386 NW 31ST AVE

Enter Florida street address

FORT LAUDERDALE

, Florida

33309

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>
MGRM	Sergo Louis-Jeune	4637 NW 42th Street Lauderdale Lakes, FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alex Sainvil Sr.	4637 NW 42th Street Lauderdale Lakes, FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WILNIQUE ISRAEL	P. O. Box 590725 FORT LAUDERDALE, FL 33359-0725	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	WILNIQUE ISRAEL SR		<input type="checkbox"/> Add <input checked="" 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.)

Dated January 21, 2012



Signature of a member or authorized representative of a member

Aldes ISRAEL

Typed or printed name of signee

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12 JAN 25 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA