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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:

TO: Registration S Division of Co		,		
ALINTER				
SUBJECT:		ited Liability Company	_ _	
77)	`	mined for Clina		
	Amendment and fee(s) are sub-			
Please return all corresp	ondence concerning this matter	to the following:		
	LUIS R. SMITH			
		Name of Person		
	TAXES USA LLC			
		Firm/Company		
	5892 STIRLING RD # 4			
		Address		
	HOLLYWOOD, FL 33021			
		City/State and Zip Code		
	INFO@TAXESUSAMIAM E-mail address: (to be used for future annual report notification)	:11:	20
For further information	concerning this matter, please ca	all:		21 150
LUIS R. SMITH		305 470-2429 at ()		2021 KOV 30 - PM
Name	of Person	Arca Code Daytime Telephone N	umber	P
Enclosed is a check for	the following amount:) ! .	4.25
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	.00 Filing Fee rtificate of Sta rtified Copy ditional copy is en	tus &
Mailing Address Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	uite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AT INTER LLC					
(Name of the Limi	ited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)	<u> </u>		
The Articles of Organization for this Limited I	Liability Company	were filed on 12/06/2011		and assig	gned
Florida document number L11000137515	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbrevi	ation "L.L	.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		11402 NW 41ST STREET			
		SUITE 211 # 642			
		DORAL, FL 33178			
Enter new mailing address, if applicable:		11402 NW 41ST STREET			
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 211 # 642			
		DORAL, FL 33178			
B. If amending the registered agent and/or agent and/or the new registered office addre	_	address on our records, enter the	name of	the new	registere
Name of New Registered Agent:	TAXES USA L	LC		<u> </u>	**************************************
New Registered Office Address:	5892 STIRLIN	G RD # 4	••		j
		Enter Florida street address	مشتر ح ه در است از ا	្តា	
	HOLLYWOOL	, Florid	la 33021		
	-	City	Z	ip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AYYOUB M. SALEM ACOSTA	11402 NW 41ST STREET	
		SUITE 211 # 642	
		DORAL, FL 33178	= Change
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