# L11000140540

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT<br>OCT 1 G 2012<br>EXAMINER     |

Office Use Only



10/03/12--01017--010 \*\*25.00

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# **COVER LETTER**

| Division of Corporations                | <u>،</u>  |
|---|---|
| SUBJECT: <u>CT Tax</u>                  | Services LLC<br>Name of Limited Liability Company |
| The enclosed Articles of Amendment a    | nd fee(s) are submitted for filing.               |
| Please return all correspondence concer | ming this matter to the following:                |



at (954) 99 8606 Area Code & Daytime Telephone Number

#### Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

**Registration Section** 

\$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

105 la iability Company as it now appears on our records.) Iorida Limited Liability Company) (Name of The Articles of Organization for this Limited Liability Company were filed on \_ 2 14 2011 and assigned Florida document number L11000140540

This amendment is submitted to amend the following:

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

PRVICESIL

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)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

|                          |        |             | 0           | 0.0.1400       |
|--------------------------|--------|-------------|-------------|----------------|
|                          |        |             | 2312        |                |
| Latap                    | Dar    | 2dy         |             | ***** <u>}</u> |
| 2650                     | NW S   | 56 \$ A     | ve #        | puliet_        |
| Latajo<br>2650<br>Lauder | ehill, | FLm3        | 3 <u>31</u> | 3              |
|                          |        | <b>TT</b> : |             |                |
| 2650 N                   | W.56   | the Ave     | 2000        | 4              |
| Laude                    | Rhill. | FU          | 3331        | 13             |
|                          |        |             |             |                |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

| Latoya Dardy  |   |
|---------------|---|
| 2650 NW 56T A | We #114                                   |
|               | rida street address                       |
| hauderhill    | , Florida 33313                           |
| City          | Zip Code                                  |
|               | 2650 NW 56T A<br>Enter Flor<br>hauderhill |

## 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.

It Changing Registered Agent, Senature 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> | Name                                   | Address   | <b>Type of Action</b> |
|--------------|--|---|-----------------------|
| MGRM         | Latoya Dardy                           | 2650 NW 56th Ave #/14<br>Lauderhill, FL 33313       | Add<br>Remove         |
| M <u>GRM</u> | Caryn B Mautner                        | 20355 NE 34th Ct #363<br>MiAMI, FC 33180            | Add<br>Add<br>Kemove  |
| ·····        |  |   | Add<br>Remove<br>     |
|              |  |   | - Fadd                |
|              |  |   | Add TT<br>Remove      |
|              |  |   | Add<br>Remove         |
| D. If amendi | ng any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | _                     |
|              |  |   | -                     |
| Dated        | ptember 12, 201                        | <u>2</u> .  |                       |
| -            | hatona Dardy                           | or authorized representative of a member            |                       |
|              |  | Page 2 of 2   |                       |

Filing Fee: \$25.00