4/19/2018



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.

Account Number : I20040000173 Phone : (407)298-4646

Fax Number : (407)297-0588

\*\*Enter the email address for this business to be used for future annual report mailings. Enter only one email address please.\*\*

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# FAX AUDIT # 18 000 1243413

## **COVER LETTER**

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SUBJEC	Michael D.	. Guidice, LLC		•		
SUME	-+; <u> </u>	Name of Lir	mited Liability Compa	my		
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		James K. Duerr, CPA	•			
			Name of Perso	on		
		Small Business Resources	USA, Inc.			
			Firm/Compan	y		
		1601 Park Center Dr., Ste.	. 6A	T T		
			Address			
		Orlando, FL 32835		Ž.	20018	
			City/State and Zip	Codes	= = = = = = = = = = = = = = = = = = = =	
		JimD@sbrorlando.com		••		
			(to be used for future a	nnual report notific	ation)	
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James K.	Duerr, CPA		407	298-4646	कुं ध	
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FAX AUDIT # 4 18000124341 3

### FAX AUDIT # H 18000124341 3 ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION OF

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Company as it new appears on our re limited Liability Company)	teords.)
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d Liability Company," the designation '	"LLC" or the abbreviation "L.L.C."
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SS) Suite 1080	
Windermere, FL 34786	
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,	company as it now appears on our redimited Liability Company)  mpany were filed on 01/03/2012  ad liability company," the designation 13790 Bridgewater Crossi Suite 1080  Windermere, FL 34786  13790 Bridgewater Crossi Suite 1080  Windermere, FL 34786  red office address on our recess here:

#### 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

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## FAX ANDIT # H 18000124341 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: anta Kar Tak

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Michael D. Guidice, A	•	r audiorand repres	O SANTEMAN				

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