

W12 0000013767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

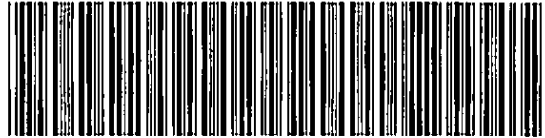
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
MAY 10 2022

\$ 25

Office Use Only



500385217665

04/07/22--01015--014 ++1036.25

FILED
2022 APR -7 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

Dear State:

The goal of these applications is to
1. Reinstate the entity under a
new name, and changed
ownership/address.

I tried to do so online, but
was referred to complete the
process via mail.

Update: 3/3/22 -

Spoke to Russell Hunt ~~who~~
who said I need to resend everything,
w/ payments:

→ 1,071.25 - reinstatement
25.00 - name change

Natasha Nalk,

\$1,096.25

305-502-6544 (cell)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA FAST TAX, 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:

Natasha Nalls
Name of Person

Firm/Company

15051 Royal Oaks Lane, #604
Address

North Miami, FL 33181
City/State and Zip Code

natashn@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natasha Nalls at (305) 502-6544
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
1,071.25

☒ \$25.00 Filing Fee &
Certificate of Status
NN

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

USA FAST TAX LLC

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

FILED

2022 APR -7 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/24/2012 and assigned
Florida document number L12000013767

This amendment is submitted to amend the following:

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

Natasha Towing and Trucking, LLC

The new name must be distinguishable and contain 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)

15051 Royal Oaks Lane

#604

North Miami, FL 33181

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15051 Royal Oaks Lane

#604

North Miami, FL 33181

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:

Natasha Nalls

New Registered Office Address:

4110 NW 15th Ave

Enter Florida street address

Miami

City

Florida

33142

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Pandwe Gibson</u>	<u>9705 NE 2nd Ave</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33138</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Natasha Nalls</u>	<u>4110 NW 15th Ave</u>	<input checked="" type="checkbox"/> Add
<u>President</u>		<u>Miami, FL 33138</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove Pandwe Gibson
as manager and registered agent.
Please update tax ID as
"applied for."

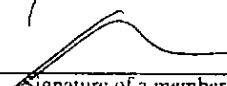
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Feb. 28, 2022.



Signature of a member or authorized representative of a member

Natasha Nall

Typed or printed name of signee


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Q. SILAS D

2022 APR -7 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FL

400385325664
04/07/22--01015--014 **1096.25

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L12000013767

1. Limited Liability Company's Name

USA FAST TAX LLC

2. Principal Office Address - No P.O. Box #

15051 Royal Oaks Lane

3. Mailing Office Address

15051 Royal Oaks Lane

Suite, Apt. #, etc.

604

Suite, Apt. #, etc.

604

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

CR2ED41 (1/14)

4. State/Country of Formation

FL / Miami - Dade

5. Date Organized or Qualified

To Do Business in Florida 01/24/2012

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Natasha Nalls

Street Address (P.O. Box Number is Not Acceptable) Suite

4110 NW 15th Ave

Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/28/22

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MGR</u>	<u>Natasha Nalls</u>	<u>4110 NW 15th Ave</u>	<u>Miami, FL 33142</u>

11. E-mail Address

natashn@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

2/28/22

Daytime Phone #

305-502-6544

Typed or printed name of signing authorized representative/member

Natasha Nalls