

L12000069411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

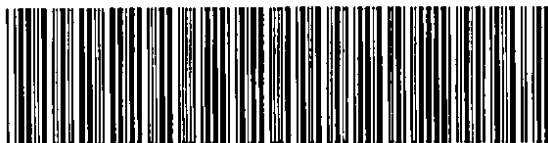
(Business Entity Name)

(Document Number)

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2019 DEC 10 PM 6:09

FILED

C. GOLDEN

JAN 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: X ACTO TAX SERVICES CENTER 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:

EDGAR ARMANDO ARCILA
Name of Person
XACTO TAX SERVICES CENTER LLC
Firm/Company
810 SW GLENVIEW COURT
Address
PORT ST. LUCIE, FLORIDA 34953
City/State and Zip Code
xactotax@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDGAR ARMANDO ARCILA
Name of Person
772 834-1190
at ()
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 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**

X ACTO TAX SERVICES CENTER LLC

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

2019 DEC 10 PM 6:09

The Articles of Organization for this Limited Liability Company were filed on 05/23/12 and assigned
Florida document number L12000069411.

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 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

With 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

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

GR = Manager

MBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	IVONE FONSECA	200 SE SAINT LUCIE BLVD	<input type="checkbox"/> Add
		STUART, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	PLINIO A ARCILA	200 SE SAINT LUCIE BLVD	<input checked="" type="checkbox"/> Add
		STUART, FLORIDA 34996	<input type="checkbox"/> Remove
		5%	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

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.

Dated DECEMBER 3RD, 2019.

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00