

L12000084844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan

JAN - 7 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETJ BEST TAX & MULTI SERVICES, 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:

JONEL ETIENNE

Name of Person

ETJ BEST TAX & MULTI SERVICES, LLC

Firm/Company

PO BOX 100443

Address

FORT LAUDERDALE, FL 33310

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONEL ETIENNE

954 515 7529
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

2014 DEC 22 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ETJ BEST TAX & MULTI SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/28/2012 and assigned
Florida document number L 12000084844

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 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)

10191 W. SAMPLE RD., STE 211

CORAL SPRINGS, FL 33065

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:

10191 W. SAMPLE RD., STE 211

Enter Florida street address

CORAL SPRINGS

, Florida

33065

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

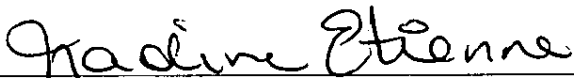
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--------------------------------|--------------------------------------------|
| MGR | JONEL ETIENNE | 10191 WEST SAMPLE RD. ,STE 211 | <input checked="" type="checkbox"/> Add |
| | | CORAL SPRING, FL 33065 | <input type="checkbox"/> Remove |
| | | | |
| MGRM | NADINE ETIENNE | 10191 WEST SAMPLE RD., STE 211 | <input type="checkbox"/> Add |
| | | CORAL SPRINGS, FL 33065 | <input checked="" type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December, 18, 2014



Signature of a member or authorized representative of a member

NADINE. ETIENNE

Typed or printed name of signee

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Filing Fee: \$25.00

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