

L12000117654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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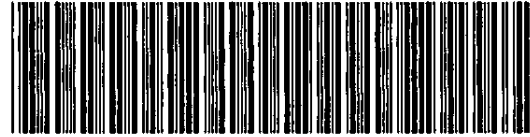
(Business Entity Name)

(Document Number)

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2013 JAN 16 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 17 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI TAX SOLUTIONS, 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:

TRAVIS HENRY

Name of Person

MIAMI TAX SOLUTIONS

Firm/Company

260 NE 17TH TER SUITE 206

Address

MIAMI FL 33132

City/State and Zip Code

TRAVIS@MIAMIBOOKKEEPINGSOLUTIONS.COM

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

For further information concerning this matter, please call:

TRAVIS HENRY

Name of Person

at (**305**) **219-2190**

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/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

2013 JAN 16 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIAMI TAX SOLUTIONS, 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 09/14/2012 and assigned
Florida document number L12000117654.

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)

260 NE 17th terrace, Suite 206
Miami, Florida, 33132

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:

TRAVIS HENRY

New Registered Office Address:

260 NE 17TH TERRACE, SUITE 206

Enter Florida street address

MIAMI

City

Florida 33132

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 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.

If Changing Registered Agent, Signature of New Registered Agent

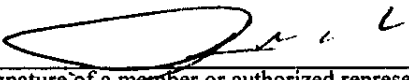
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RUBEN ZURGA	1021 SW 85TH TER	<input type="checkbox"/> Add
		PEMBROKE PINES	<input checked="" type="checkbox"/> Remove
		FL 33025	
MGRM	TRAVIS HENRY	260 NE 17TH TER	<input checked="" type="checkbox"/> Add
		SUITE 206	<input type="checkbox"/> Remove
		MIAMI FL 33132	
MGRM	ORIETTA MARANON	260 NE 17TH TER	<input checked="" type="checkbox"/> Add
		SUITE 206	<input type="checkbox"/> Remove
		MIAMI FL 33132	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated JANUARY 10, 2013.



Signature of a member or authorized representative of a member

Ruben ZURBA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA