

L12000120583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

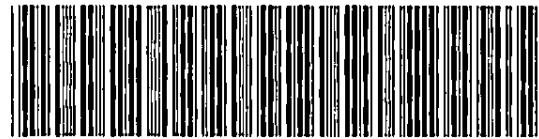
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2018

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STW Tax Solution and 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:

Wesendes Saint Fleur  
Name of Person

STW Tax Solution & Services LLC  
Firm/Company

388 South Military Trail  
Address

West Palm Beach FL 33436  
City/State and Zip Code

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

For further information concerning this matter, please call:

wesendes Saint Fleur at ( 904 ) 722-5202  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

STW Tax Solution & 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 09-20-2012 and assigned Florida document number L12000120583.

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)

Same Address

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Wesendes Saint Fleur

New Registered Office Address:

7923 Manor Forest Blvd

Enter Florida street address

Dayton Beach Florida 33436

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.

Wesendes Saint Fleur

If Changing Registered Agent, Signature of New Registered Agent

**MGR =** Manager  
**AMBR =** Authorized Member

AMBR = Authorized Member

Manager Wesendes Saint-fleur 7923 Manor Forest ☒ Add  
Blvd, Boynton Beach ☐ Remove  
FL 33436 ☐ Change

MANAGER	TALLY SAINT-FLEUR	7923 Manor Forest	<input type="checkbox"/> Add
		BLVD Boynton Beach	<input checked="" type="checkbox"/> Remove
		FL 33436	<input type="checkbox"/> Change

☐ Add

 Remove

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☐ Remove

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 FALL BRASSIERE FT BRIDA

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

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**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.

(b) The 90th day after the record is filed.

Dated 12-6-18

Signature of a member or \_\_\_\_\_

Signature of a member or authorized representative of a member

Wesendes Saint Fleur  
Typed or printed name of signee

Typed or printed name of signee