

10/30/2018

Division of Corporations

**L12000/45322**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ASLAN TAX SERVICES INC  
Account Number : I201400000082  
Phone : (305)644-9144  
Fax Number : (786)477-5802

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THINK TAX LLC**

Certificate of Status	0
Certified Copy	0
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NOV 01 2018

# COVER LETTER

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**TO: Registration Section  
Division of Corporations**

**SUBJECT: THINK 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:

Ernesto Sanchez

Name of Person

ASLAN AFFILIATES LLC

Firm/Company

762 SW 18 Avenue

Address

Miami, FL 33135

City/State and Zip Code

ernesto@aslantaxservice.com

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

For further information concerning this matter, please call:

Ernesto sanchez

at ( 786 ) 200-6141

Name of Person

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

418003138113

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

1418003138113

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

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**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ernesto Sanchez	762 SW 18 Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Consuelo Sanchez	762 SW 18 Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ASLAN TAX SERVICES INC	762 SW 18 Avenue	<input type="checkbox"/> Add
		Miami, FL 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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13 OCT 31 AM 8:05

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Dated 10/30, 2018

ERNESTO SANCHEZ  
Typed or printed name of signee