# L12000/59027

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## **COVER LETTER**

TO: Re

Registration Section
Division of Corporations

SUBJECT:

Legal Accounting & Tax 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:

# Paulucienne Jean Simon

Name of Person

Firm/Company

210 S. Dixie Highway, Suite 3

Address

Lake Worth, FL 33460

City/State and Zip Code

legaltax210@gmail.com

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

For further information concerning this matter, please call:

# Pauline Jean Simon

Name of Person

\_\_561\64**1-3**005

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

Legal Accounting & Tax Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 12/20/2012	and assigned
Florida document number L12000159027		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Best Tax USA, LLC.		
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Company," the desig	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		(7) 37
		iii) =<
		71 77 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records	enter the name of the new
registered agent and/or the new registered office address he		cuter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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 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 Title Title <u>Name</u> **Address Type of Action** 5644 Strawberry Lakes Circle 🗸 Add **Ghislaine Daniel MGRM** Lake Worth, FL 33463 Remove Remove

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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d	Aligyst 107, 2013.
	Tans.
	Signature of a member or authorized representative of a member
	Paulucienne Jean Simon
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00