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#### **COVER LETTER**

TO: **Registration Section Division of Corporations** Voiced 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: Luis M Vinals Name of Person Voiced Tax Solutions LLC Firm/Company 5100 W Copans Rd Suite 400 Address Margate, FL 33063 City/State and Zip Code luis@degree4us.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luis M Vinals 954, 448-4474 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

Voiced Tax Solutions LLC		<del></del>			
( <u>Name of the Limited Liability Company as it now appears</u> (A Florida Limited Liability Company)	on our records.)				
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/2}{2}$	25/2014	and assig	gned		
Florida document number L14000032089					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liability co</u> mpany her	re:				
the management of the minited habitity company not	<u>v</u> .				
he new name must be distinguishable and end with the words "Limited Liability Company," the d	esignation "LLC" or the abbrev	iation "L.I	C."		
nter new principal offices address, if applicable:					
	, , , , , , , , , , , , , , , , , , , ,				
Principal office address MUST BE A STREET ADDRESS)	ر) الأمار المسلم المسلم	<u> </u>			
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	· · ·	<b>43</b>	• • •		
nter new mailing address, if applicable:	<u> </u>		• • • •		
Aailing address MAY BE A POST OFFICE BOX)		-5	. 4 215		
	<u> </u>	Э. сл	46		
	- 57	<del>.                                    </del>			
3. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	our records, enter the	name of	f the 1		
Name of New Registered Agent:					
New Registered Office Address:					
Enter Flori	da street address	•			

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida \_

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MEGRM	Min Sung Kim	5100 W Copans Rd suite 400 Margate FL 3306	3 <b>■</b> Add
			Remove
MGR	Min Sung Kim	5100 W Copans Rd suite 400 Margate FL 33063	3 <b>B</b> Add
*		·	☐ Remove
			□ Add
			□ Remove
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•	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional) te and cannot be more than 90 days after
Dated March 10 2014	
	•
Luis M Vinals	representative of a member
Typed or printed nam	e of signee

Page 3 of 3

Filing Fee: \$25.00