

L14 0000 42680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

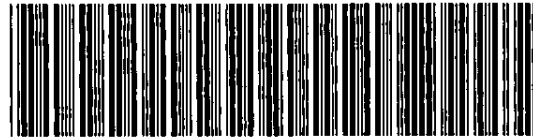
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN -2 AM 11:59
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. Stivers JUN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Safetytax 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:

Claudia M Saenz Quientero

Name of Person

Safetytax LLC

Firm/Company

6220 S Orange Blossom Tr, Suite 105

Address

Orlando FL 32809

City/State and Zip Code

claudia.safetytax@gmail.com

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

For further information concerning this matter, please call:

Diego Carreno

Name of Person

at **407 9300829**

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 & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Safetytax 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 Florida and assigned
Florida document number L14000042680.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6220 S Orange Blossom Tr, Suite 105
Orlando FL 32809

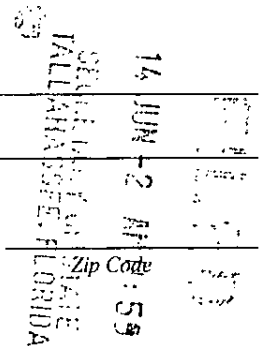
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida



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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|-----------------------------------|--|
| CEO | SAENZ QUINTERO, CLAUDIA M | 14438 Dulcimer Ct | <input type="checkbox"/> Add |
| | | Orlando FL 32837 | <input checked="" type="checkbox"/> Remove |
| MGRM | SAENZ QUINTERO, CLAUDIA M | 14438 Dulcimer Ct | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32837 | <input type="checkbox"/> Remove |
| MGRM | CARRENO SAENZ, DIEGO F | 595 W CHURCH ST APT 326 | <input type="checkbox"/> Add |
| | | Orlando FL 32805 | <input checked="" type="checkbox"/> Remove |
| MGRM | CARRENO SAENZ, DIEGO F | 9278 RANDAL PARK BLVD, Unit 18192 | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32832 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |

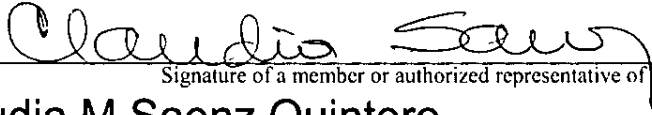
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 29, 2014



Signature of a member or authorized representative of a member

Claudia M Saenz Quintero

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 JUN -2 AM 11:59
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