

4/8/2014

Division of Corporations

**L14000053177**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Effective Date **4/8/14**

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I20100000080

Phone : (954) 366-3850

Fax Number : (954) 960-5630

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 APR - 8 AM 9:51

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

**GUEVARA & GAITAN SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 9 2014  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GUEVARA & GAITAN 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:

MARTHA GAITAN

Name of Person

GUEVARA & GAITAN SERVICES LLC

Firm/Company

2519 - 2521 N. ST RD.7

Address

MARGATE, FL 33063

City/State and Zip Code

INFO@TAXRIGHTNOW.COM

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

For further information concerning this matter, please call:

MARTHA GAITAN

Name of Person

at ( 561 ) 856 4204

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** Effective Date 4/8/14  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

**GUEVARA & GAITAN 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 04/01/2014 and assigned  
 Florida document number L14000053177.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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.*

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>
MGR	JOSE L. GUEVARA HERNANDEZ	19393 COLORADO CIRCLE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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: 04/08/2014 (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 APRIL 08 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARTHA GAITAN

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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DIVISION OF CORPORATIONS  
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