

L14000091263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

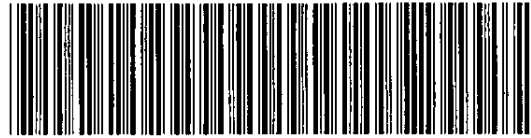
(Business Entity Name)

(Document Number)

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16 AUG 15 PM 2:48
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TALLAHASSEE, FLORIDA

AUG 16 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2016

EDA N RIVERA
8040 NW 95 ST STE 337
HIALEAH, FL 33014

SUBJECT: SUPER TAX PLUS II SERVICES LIMITED LIABILITY COMPANY
Ref. Number: L14000091263

We have received your document for SUPER TAX PLUS II SERVICES LIMITED LIABILITY COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 416A00015875

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Super Tax Plus II Service Limited Liability Company
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:

Eda Rivera
Name of Person

Super Tax Plus II Service Limited Liability Company
Firm/Company

8040 NW 95th St 337
Address

Hialeah, FL 33018
City/State and Zip Code

superplusII@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eda Rivera at (305) 626-9307
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

45
Check all ready sent
Paid cashed for you \$35.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Super tax Plus II ^{service} limited liability company.
(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 6/6/2014 and assigned Florida document number L14000091263.

This amendment is submitted to amend the following:

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

Super tax Plus II Services LLC

The new name must be distinguishable and contain 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)

8040 NW 95 ST
Suite 337
Hialeah, FL 33018

Enter new mailing address, if applicable:

(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:

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Edwielisse Felix	16507 NW 91 Ave	<input type="checkbox"/> Add
		Miami, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eda Rivera	16507 NW 91 Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

15 AUG 15 PM 2:48
VALERIE S. LORIDA

14. LULU ASSOCIATES, INC.
15. LULU ASSOCIATES, INC.

16 AUG 15 PM 2:48

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 5/2014, _____

Signature of a member or authorized representative of a member

Eda Rivera.

Typed or printed name of signee