

L14000165165

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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K. SALY  
EXAMINER  
JAN 13

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MALBORK LLC**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Name of Person: DANILO SANTANA**

**Firm/Company: US TAX CONSULTING INC**

**Address: 5401 S. KIRKMAN RD STE 135**

**City/State and Zip Code: ORLANDO, FL, 32819**

**support@ustaxconsulting.net**

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

For further information concerning this matter, please call:

**DANILO SANTANA**

Name Person

**(407) 674-8969**

Phone Number

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314 2661

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
Executive Center Circle  
Tallahassee, FL 32301

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

**MALBORK, LLC.**

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Florida Limited Liability Company were filed on 05/14/2015 and assigned Florida document number .

Florida document number: L14000165165.

**Article I**

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Article II**

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**5401 S. KIRKMAN RD STE 135, ORLANDO, FL, ZIP 32819**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**5401 S. KIRKMAN RD STE 135, ORLANDO, FL, ZIP 32819**

**Article IV**

**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: **US TAX CONSULTING INC**

New Registered Office Address: **5401 S. KIRKMAN RD STE 135, ORLANDO, FL, ZIP 32819**

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

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**

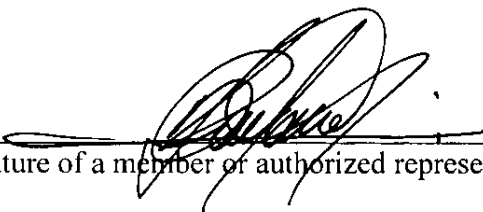
Title	Name	Address	Type of Action
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**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: , .

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

**DANILO SANTANA**

Typed or printed name of signee

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