

**L14000183193**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC -5 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CLIRC FINANCIAL & TAX 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:

CLEOPHAT VILMEUS

\_\_\_\_\_  
Name of Person

CLIRC FINANCIAL & TAX SERVICES, LLC

\_\_\_\_\_  
Firm/Company

900 NE 125TH STREET STE 218

\_\_\_\_\_  
Address

NORTH MIAMI FLORIDA 33161

\_\_\_\_\_  
City/State and Zip Code

VCLEOPHAT@YAHOO.COM

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

For further information concerning this matter, please call:

CLEOPHAT VILMEUS

786

515-8020

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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  
TO  
ARTICLES OF ORGANIZATION  
OF**

CLIRC FINANCIAL & TAX SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/01/2014 and assigned  
Florida document number L14000183193.

This amendment is submitted to amend the following:

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

CLIRC INSURANCE & TAX 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)

5672 WASHINGTON STREET  
HOLLYWOOD FLORIDA 33023

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

(Mailing address MAY BE A POST OFFICE BOX)

8278 BERMUDA SOUND WAY  
BOYTON BEACH FLORIDA 33436

**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:

CLEOPHAT VILMEUS

New Registered Office Address:

5672 WASHINGTON STREET

*Enter Florida street address*

HOLLYWOOD

*City*

Florida 33023

*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	JULDA AMISIAL	8278 BERMUDA SOUND WAY	<input checked="" type="checkbox"/> Add
		BOYTON BEACH FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCKNER MONEXE	20458 NW 14TH AVE	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROOTS SAINT JEAN	3106 NW 24TH TER, 3	<input checked="" type="checkbox"/> Add
		OAKLAND PARK FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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~~01/01/2017~~ 12/1/16

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/30/ 11, 2016.

Ch.

CLEOPHAT VILMEUS

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**Filing Fee: \$25.00**