L150000 35078

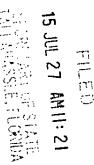
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07/27/15--01019--036 **25.00



J. HARRIS

COVER LETTER

	Registration Sec Division of Corp		·			
SUBJECT) HOLDING, LLC				
SUBJECT	Name of Limited Liability Company					
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please reti	urn all correspon	ndence concerning this matter	to the following:			
		MARCO A REIS				
			Name of Person			
		USATAX, CORP				
			Firm/Company	Telephone Number Second Filing Fee, Certificate of Status & Certified Copy		
	591 E. SAMPLE RD					
			Address			
	Address POMPANO BEACH, FL 33064					
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notifi	cation)		
For furthe	r information co	oncerning this matter, please ca	all:			
MARCO	REIS		954 788-1818 at ()			
	Name of	l Person	Area Code Daytime	Telephone Number		
Enclosed i	is a check for th	e following amount:				
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		

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

(2:44:44 = 2:44 = 4:44	ited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)		
he Articles of Organization for this Limited orida document number <u>L15000035078</u>	Liability Company	were filed on $\frac{02/25/2}{2}$	and assigned		
his amendment is submitted to amend the fo	llowing:				
. If amending name, enter the new name	of the limited liab	ility company here:			
e new name must be distinguishable and contain the	and of inited first	lie Carrani "Ale Jasia	with the control of t		
Inter new principal offices address, if applicable:		1451 W. CYPRESS CREEK RD SUITE 300 FORT LAUDERDALE, FL 33309			
<u>rincipal office address MUST BE A STRE</u>	<u>EI ADDRESS)</u>				
nter new mailing address, if applicable:		1451 W. CYPRESS CREEK RD SUITE 300			
failing address MAY BE A POST OFFICE	E BOX)	FORT LAUDERDALE, FL 33309			
	d/or registered o	ffice address on ou	r records, enter the name of the		
		<u>e</u> :			
Name of New Registered Agent:	office address her SANTIAGO, C	<u>e</u> :	TE 300		
gistered agent and/or the new registered	office address her SANTIAGO, C	e: CLEI			
	office address her SANTIAGO, C	e: CLEI RESS CREEK RD SUI' Enter Florida :			

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

Page 1 of 3

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>	Address	Type of Action
			Add
			□ Remove
		,	☐ Change
			Add
			□ Remove
			☐ Change
		- Milmore Co.	Add
			Remove
			□ Change
			□ Add
			□ Remove
			E Change
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			Change
			Add
			☐ Remove
			☐ Change

f amending a	ny other inforn	nation, enter c	hange(s) her	e: (Attach add	ditional sheets,	if necessary.)		
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an effective date Note: If the da	, if other than the is listed, the date note inserted in this ective date on the	nust be specific an block does not a	d cannot be prior meet the applic	to date of filing able statutory				
	ecifies a delay ay after the re			ot an effectiv	ve time, at 12	::01 a.m. on	the ear	lier o
ated	BRD		2015		>			
			//				<u>ं</u> ज	
		Signature of a	member or auth	orized representa	ative of a member			<u>-T </u>
CLE	EI SANTIAGO					523 613 6117	77 6	L L
			Typed or print	ed name of signo	ee	FLOR	MIII: 21	
			Pag	e 3 of 3		DA	∓: :	

Filing Fee: \$25.00