

L15000054785

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(Business Entity Name)

(Document Number)

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15 MAY -4 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.0000 MAY 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LLERA TAX & MUTISERVICES, 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:

DAPHNEE LLERA

Name of Person

LLERA TAX & MUTISERVICES, LLC

Firm/Company

1031 IVES DAIRY ROAD Suite# 228

Address

MIAMI, FLORIDA 33179

City/State and Zip Code

LLERATAX@AOL.COM

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

For further information concerning this matter, please call:

DAPHNEE LLERA

Name of Person

at **305 725-3478**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2015

DAPHNEE LLERA
1031 IVES DAIRY ROAD STE 228
MIAMI, FL 33179

SUBJECT: LLERA TAX & MUTISERVICES, LLC
Ref. Number: L15000054785

15 MAY -4 AM 10:00
HEAD OF CO. SPECIAL
REGISTRATION SERVICES

We have received your document for LLERA TAX & MUTISERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 515A00008106

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

LLERA TAX & MUTISERVICES, 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 3/27/2015 and assigned
Florida document number L15000054785.

This amendment is submitted to amend the following:

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

LLERA TAX & MULTI 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)

190 NE 199 STREET Suite# 100

MIAMI, FLORIDA 33179

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:

190 NE 199 STREET Suite# 100

Enter Florida street address

MIAMI

City

, Florida 33179

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 1958
11:58 PM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
15 MAY -4 PM 4:58
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
ST. LOUIS, MISSOURI

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 April 28, 2015.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signee