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(Requ	uestor's Name)	
(Addr	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
DIVISION OF PN 12: 42

N COOPER MAY 11 2018

COVER LETTER

TO: Registration Sec Division of Corp			
AD-	VICE AGENCY	16C	
SUBJECT:			
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	LUIS R. SMITH		
		Name of Person	
	TAXES USA LLC		
	Name of Person TAXES USA LLC Firm/Company 11402 NW 41ST ST STE 211 Address DORAL, FL. 33178 City/State and Zip Code LM.JESSEL@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call:		
•	11402 NW 41ST ST STE	211	
		Address	
	DORAL, FL. 33178		
		City/State and Zip Code	
	_		
	E-mail address: (to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
LUIS R. SMITH			
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

AD-VICE AGENCY LLC

y as it now appears on our records.) ability Company)
vere filed on 08/25/2015 and assigned
ity company here:
y Company," the designation "LLC" or the abbreviation "L.L.C."
5 V _S
- S OR
FILED STATE CORPORATE
e com
ice address on our records, <u>enter the name of the nev</u>

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

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
MGR	ANDREINA CAMPIS	10730 NW 66TH ST #302	
		DORAL, FL 33178	■ Remove
			Change
			Add
•			Remove
			Change
	***		Add
			□ Remove
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	05/01/2016			
fective date, if other than the an effective date is listed, the date in	e date of filing: ust be specific and cannot be prior		(optional) han 90 days after filing.) Pu	irsuant to 605.02
ote: If the date inserted in this locument's effective date on the	block does not meet the applic	able statutory filing red		
settlicht s checuve date on the	Department of State's records	•		
		t an effective time	e, at 12:01 a.m. on	the earlier
e record specifies a delaye	ea effective date, but no			
The 90th day after the re				
e record specifies a delaye The 90th day after the re ated MAY IST	cord is filed.	·		
The 90th day after the re	cord is filed.	·		