

L15000160526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

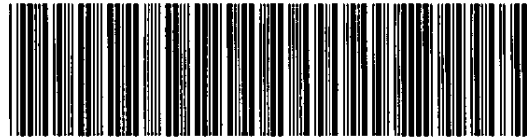
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900300533929

06/26/17--01020--006 **30.00

FILED
17 JUN 26 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 29 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MONITAX 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:

MONICA OROZCO

Name of Person

MONITAX LLC

Firm/Company

1404 E SILVER STAR RD

Address

OCOE FLORIDA 34761

City/State and Zip Code

moniliz84@gmail.com

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

For further information concerning this matter, please call:

MONICA OROZCO

407 715-9496
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

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	LAZARO MONTOYA	6625 STAR DUST LANE	<input checked="" type="checkbox"/> Add
		ORLANDO FLORIDA 32818	<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
			<input type="checkbox"/> Add
			<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

FILED
 17 JUN 26 PM 2:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

THE REASON WHY I'M AMENDING IS TO ADD LAZARO MONTOYA AS MGR FOR MONITAX LLC

THANK YOU.

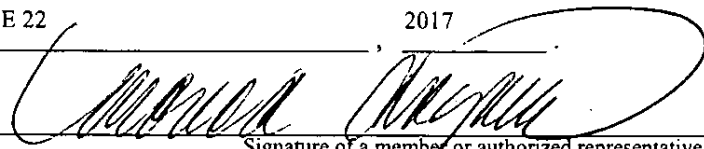
E. Effective date, if other than the date of filing: 06/22/2017 **(optional)**

(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 JUNE 22, 2017

Signature of a member or authorized representative of a member
MONICA OROZCO
Typed or printed name of signee

FILED
17 JUN 26 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA