L15000200898

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	Idress)	
(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE VLLAHASSEE, FLORIDA

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COVER LETTER

то:	Registration Se Division of Co					
eup ir		Tax Services LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Icles Vilce				
			Name of Person			
		South Park Tax Services				
			Firm/Company			
		1738 North Military Trail				
			Address			
		West Palm Beach, Florida	33409			
			City/State and Zip Code			
		taxone123@gmail.com		5	ti. ~	
		E-mail address: (to be used for future annual report notific	ation)		
For furt	her information of	concerning this matter, please c	all:	5		
Icles Vi	ilce		561 306-6222 at ()	د و پ	2015 DEC 11	
	Name o	of Person		Celephone Number	P 2:5	Ċ
Enclose	d is a check for t	he following amount:			- CO	
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

South Park Tax Services, LLC				
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>is.</u>)	
The Articles of Organization for this Limited L Florida document number L15000200898	iability Company	were filed on 12/1/2015		_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lial	pility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC	or the abbre	viation "L.L.C."
Enter new principal offices address, if appli-	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	1738 North Military Trail West Palm Beach, Florida 334	109	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			s, enter the	e name of the nev
New Registered Office Address:		Enter Florida street addres	TARY OF ST ASSEE, FLO Is lorida	
New Registered Agent's Signature, if changing	Registered Agent	City	DRIOA DRIOA	Zip Gode

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>	Address	Type of Action
MGR	Icles Bilce	652 South Park Avenue	Add
		Titusville, Florida 32796	■ Remove
			☐ Change
MGR Icles Vilce	Icles Vilce	652 South Park Avenue	
		Titusville, Florida 32796	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			ALCRE DE Change
			S NO Remove
			□ Change
			☐ Add
			□ Remove
			☐ Change

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	_ `\ _r .'
	12. 23. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
Effec	etive date, if other than the date of filing:(optional)
(If an et	ffective 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 (1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 9 2015
Date	Desh Offen
	Signature of a member or authorized representative of a member
	Icles Vilce / CLES ///CCE

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Filing Fee: \$25.00