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(Requ	estor's Name)
(Addre	ss)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:
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Office Use Only



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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	ст:	EAUCHARD 7 Name of Limit	AX SERVICES Le de Liability Company	LC_
The enc	losed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter to	the following:	
		Mike	Name of Person	
		BEAUCHAR	D TAX SEIZVICES L Firm/Company	LC
		3040 S. M.7.7	ORY TRAIT Address	
		Lake worth beauchordi E-mail address: (to	FL 33463 City/State and Zip Code Ox fmance D Gma, 1. Code be used for future algunal report notificat	ion)
For furt	her information co	ncerning this matter, please cal		
 -	MIKE/ec Name of I	V. PIERRE Person	at (576) 444 69 Area Code Daytime Te	199 dephone Number
Enclose	d 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)									
The Articles of Organization for this Limited Liability Company were filed on THX SEIZVICS and assigned Florida document number 1/5000 3//889											
This amendment is submitted to amend the follo	wing:										
A. If amending name, enter the new name of	the limited liability company here:										
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."									
Enter new principal offices address, if applica	ble:										
(Principal office address MUST BE A STREET	T ADDRESS)										
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>	÷ on									
B. If amending the registered agent and/o	or registered office address on our r	ecords, enter the name of the new									
registered agent and/or the new registered off	ice address here:										
Name of New Registered Agent:	MORIE PIERR 2241 White Pine CIR Enter Florida street	<u>ω</u> ω ω ω									
New Registered Office Address:	2241 White Pine CISC Enter Florida street	7 . address									
	Enter Florida street GReenalras City	Florida 334/5 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 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 Title Name <u>Address</u> Type of Action MGR Mikelee Pierre 224/ White Pine GRele Unil B. WAdd GReenacres 7/. 33415 _ Remove __ Change AMBR Maile PIERRE 2741 White Pine Cicle int B DAdd Grengery F/ 23415 _ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove ☐ Change 🗆 Add ☐ Remove

Change

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Tective date, if other an effective date is listed, the ote: If the date inserted ocument's effective date	in this block does no	t meet the applica	date of filing or mobile statutory filing	(option or than 90 days after the requirements, this	nal) filing.) Pursuar date will not	nt to 605.020 be listed a
			an effective ti	me, at 12:01 a	.m. on the	earlier o
e record specifies a The 90th day after ated		·,	_•			

Page 3 of 3

Filing Fee: \$25.00