

Li6 0000 07749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

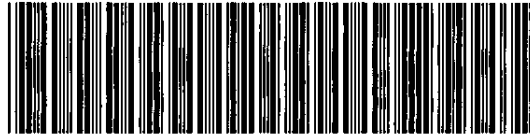
(Document Number)

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2016 JUL -8 P 3:49  
TALLAHASSEE, FLORIDA

FILED

JUN 11 2016  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2016

ADRIANA DIAZ  
12912 SW 133 CT SUITE B  
MIAMI, FL 33186

SUBJECT: EUGUARDIAN LLC  
Ref. Number: L16000007749

2016 JUL 11 PM 2:02  
S. CREIGHT W. TATE  
TALLAHASSEE, FLORIDA

We have received your document for EUGUARDIAN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 716A00013570

2016 JUL -8 PM 3:49  
S. CREIGHT W. TATE  
TALLAHASSEE, FLORIDA  
FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EUGUARDIAN 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:

ADRIANA DIAZ

\_\_\_\_\_  
Name of Person

STAR TAXES INC

\_\_\_\_\_  
Firm/Company

12912 SW 133 CT Suite B

\_\_\_\_\_  
Address

MIAMI, FL 33186

\_\_\_\_\_  
City/State and Zip Code

STAR.TAXES@YAHOO.COM

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

For further information concerning this matter, please call:

EUDORO LADINO

305 606-2604  
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

FILED  
2018 JUL -8 P 3:49  
TALLAHASSEE, FL

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

EUGUARDIAN 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 01/11/2016 and assigned  
Florida document number L16000007749.

This amendment is submitted to amend the following:

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

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) \_\_\_\_\_

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: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMGR	OSCAR LADINO	12032 SW 126 LN	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	MARGARITA LADINO	12032 SW 126 LN	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 JUL -8 PM 3:41  
TALLAHASSEE FL  
CLERK OF COURT

FILED

2015 JUL - 8  
SECRETARY  
TALAMON

FILED  
2016 JUL -8 P 3  
SAC, NEW YORK  
TALAN, ASSE, FILE

Dated JULY 05, 2016

*Paula Diferencia*  
Signature of a member