

L160000034591

(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



400284677814

04/18/16--01009--022 **25.00.

FILED
16 MAY -4 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 06 2016

Y SUI KFR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HPS ENTERPRISE & SERVICES LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: DANILO SANTANA

Firm/Company: US TAX CONSULTING INC

Address: 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

support@ustaxconsulting.net

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

For further information concerning this matter, please call:

DANILO SANTANA
Name Person

(407) 674-8969
Phone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2016

DANILO SANTANA
5401 S KIRKMAN RD STE 135
ORLANDO, FL 32819 US

SUBJECT: HPS ENTERPRISE & SERVICES LLC
Ref. Number: L16000034591

We have received your document for HPS ENTERPRISE & SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 816A00008200

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
HPS ENTERPRISE & SERVICES LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on **02/18/2016** and assigned Florida document number .

Florida document number: L16000034591.

Article I

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."

Article II

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)

FILED
16 MAY -4 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV

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: _____

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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	Address	Type of Action
AMBR	DE FIGUEIREDO, YOLANDA G	ALAMEDA DOS CEDROS 245 S 07	REMOVE <input type="checkbox"/>
		ESMERALDAS, MG 35740-940	ADD <input checked="" type="checkbox"/>

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

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: , .


Signature of a member or authorized representative of a member

DANILO SANTANA

Typed or printed name of signee

FILED
16 MAY -4 PM 3:43
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA