

L16 0000 42970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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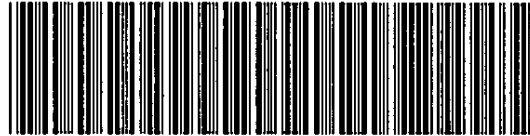
(Business Entity Name)

(Document Number)

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SEP 03 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FL PROFESSIONAL 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
FL PROFESSIONAL SERVICES, LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on **03/01/2016** and assigned Florida document number .

Florida document number: L16000042970.

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)

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

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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	LOPES, FLAVIO R	2931 SKYVIEW DR	REMOVE <input type="checkbox"/>
		KISSIMMEE, FL 34746	ADD <input checked="" type="checkbox"/>

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

Please additional Articles III (THIS LIMITED LIABILITY COMPANY MAY ENGAGE IN AND OR TRANSACT ANY AND ALL LAWFUL BUSINESS AND OR ACTIVITIES UNDER THE LAWS OF UNITED STATES OF AMERICA, THE STATE OF FLORIDA AND OR ANY OTHER STATE, DISTRICT, PROVINCE OR NATION).

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: 7/22, 2016.

Flavio Lopes Junior
Signature of a member or authorized representative of a member

FLAVIO LOPES JUNIOR
Typed or printed name of signee

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TALLAHASSEE, FLORIDA