

L16000229574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
17 APR 20 AM 9:17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2017

HELEN RODRIGUEZ
TAXSMART ACCOUNTING SERVICES LLC
6653 POWERS AVENUE STE 136
JACKSONVILLE, FL 32217

SUBJECT: EGM CONSTRUCTION COMPANY LLC
Ref. Number: L16000229574

We have received your document for EGM CONSTRUCTION COMPANY 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 317A00007806

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TALLAHASSEE, FLORIDA
17 APR 20 AM 9:17

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2017 MAY -1 AM 11:54

ARY OF
SSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EGM CONSTRUCTION COMPANY 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:

HELEN RODRIGUEZ

Name of Person

TAXSMART ACCOUNTING SERVICES LLC

Firm/Company

6653 POWERS AVE STE 136

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

TAXSMARTCORP@GMAIL.COM

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

For further information concerning this matter, please call:

HELEN RODRIGUEZ

904 733-0027
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

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SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR 20 AM 9:17

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

EGM CONSTRUCTION COMPANY 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 12/20/2016 and assigned Florida document number L16000229574.

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:

6647 LA MIRADA DR WEST UNIT 4

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32217

Enter new mailing address, if applicable:

6647 LA MIRADA DR WEST UNIT 4

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32217

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

TAXSMART ACCOUNTING SERVICES LLC

New Registered Office Address:

6653 POWERS AVE STE 136

Enter Florida street address

JACKSONVILLE

Florida 32217

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>
AMBR	CARLOS ORLANDO REYES	6647 LA MIRADA DR WEST	<input checked="" type="checkbox"/> Add
		UNIT 4	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32217	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

STATE OF FLORIDA
 TALLAHASSEE
 17 APR 20 AM 9:28


77 APR 20 1967

STATE
TALLAHASSEE, FLORIDA
17 APR 20 AM 9:28

04/17/2017

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 17, 2017


Signature of a member or authorized representative of a member

Typed or printed name of signee