L17000/8060

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ERNSTELMI QUALITY TAX & X-SERVICES, LL 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:
ERNEST REGIS Name of Person
ERNSTELMI QUALITYTAX & X-SERVICES, LLC
2792 PYTHAGORAS CIRCLE,
Address
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERNEST REGIS at (407) 952-4116 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ERNSTELIYI QUALITY TAX A X-SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liab	wility Company were filed on $OI/23$	3/2017 and assigned
The Articles of Organization for this Limited Liab Florida document number <u>L170000</u> /	8060	<u> </u>
This amendment is submitted to amend the follow		· 影 · ·
A. If amending name, enter the new name of the	ne limited liability company here:	
	N/A	2
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "	LLC" or the abbreviation (L.L.C.)
Enter new principal offices address, if applicab	le: / <i>V A</i>	
(Principal office address MUST BE A STREET.	ADDRESS)	y
		
Enter new mailing address, if applicable:	$ \mathcal{V}$	<u> 1,4 </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street ad	dress
		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>	Name	Address	Type of Action
MGR	JULIO DANGER	7065 CARDINAL WOOD CT ORLANDO, FL 32818	Add
			□ Remove
			Change
			🗆 Add
			Remove
			Hihange 吊 二
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			☐ Change

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	<u> </u>
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	PH 33
	<u> </u>
. Effec	tive date, if other than the date of filing: (optional)
(If an e <u>Note:</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	DCCOMBOR 14 2217 1
	Tisa -
	Signature of a member or authorized representative of a member
	ELMITA DANGER Typed or printed name of signee

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Filing Fee: \$25.00