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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(D	ocument Number)	
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2017 JUL -5 PH 4: 56

COVER LETTER

Division of Corporations	
MARIELA NOGUERA' Taxes a	and Services LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	matter to the following:
MARIELA NOGUERA	
Name of Person	
MARIELA NOGUERA Taxes and Services	s LLC
Firm/Company	
2621 Dunraven Ct.	
Address	
Kissimmee, Fl. 34743	
City/State and Zip Code	
veranka47@hotmail.com	
E-mail address; (to be used for future annual	report notification)
for further information concerning this matter, ple	ease call:
Mariela Noguera	407 914-0181
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	nount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2-14)

TO ARTICLES OF ORGANIZATION OF

- Mueler 10	guera S	laxes and	Services	, Lel
,		ny as it now appears on ability Company)		
The Articles of Organization for this Limited Li Florida document number <u></u> 1 1 1000 4 2	ability Company	were filed on <i>far</i>	ch 01, 201-	Z and assigned
This amendment is submitted to amend the follo	owing:			70
A. If amending name, <u>enter the new name of</u>	the limited liabi	lity company here:	7	1
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the design	ation "LLC" or the abb	respection "Lates."
Enter new principal offices address, if applic	able:		<u></u>	. z.c.
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE .	<u>BOX)</u>			
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:				he name of the new
New Registered Office Address:		Enter Florida s.	treet 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

MGR = Ma AMBR = Au	nager thorized Member	· ·	
<u>Title</u>	Name 6	Address	Type of Action
AHBR	Gariela Moguer	Address Ca 2621 Dynvaven CT Hissimmee, FL. 3	02 /Add
		Kissimmee, FL. 3	'4743 Remove
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			SSEE FI DRIE Remarks
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			Change

or removed from our records:

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iffect	ive date, if other than the date of filing: (optional)
f an eff	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
ie red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
	Juna 22 . 2017.
Dated	
Dated	C. H. Or
Dated	
Dated	Signature of a member or authorized representative of a member
Dated	Signature of a member or authorized representative of a member Outpream Outpream Typed or printed page of signee

Page 3 of 3

Filing Fee: \$25.00