117000062741

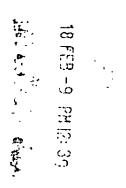
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO:	Registration Sec Division of Cor			
CUDI	Mwaj Incon	ne Tax Llic		
SUBJ	EC1:	Name of Limi	ted Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	e return all correspo	ndence concerning this matter t	to the following:	
		Lexilia Neptune		
			Name of Person	
			Firm/Company	
		20010 NW 3rd Ave		
		<u>. </u>	Address	
		Miami,Florida 33169		
			City/State and Zip Code	·
		lexynept@gmail.com		
		E-mail address: (I	o be used for future annual report notifi	cation)
For fu	irther information co	oncerning this matter, please ca	ill:	
Lexili	ia Neptune		786 520 8600 at ()	
_	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mwaj Income Tax Llc			
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited Liorida document number L17000062741	ability Company	were filed on <u>03/20/2017</u>	and assigned
is amendment is submitted to amend the follo	owing:		
If amending name, enter the new name o	f the limited liab	oility company here:	
waj Multiservices llc			
e new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	20010 Nw 3rd Ave	
rincipal office address MUST BE A STREE		Miami ,Florida 3169	
ment office above most be to the			(F) (C)
nter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE	BOX)		V 70
			7.7 Fr. W
. If amending the registered agent and egistered agent and/or the new registered o	or registered of ffice address he	office address on our r <u>re</u> :	€ ⇔
Name of New Registered Agent:	Lexilia Neptur	ne	
New Registered Office Address:	20010 Nw 3rd	Ave	
Hew Registered Office Hadress.		Enter Florida stree	t address
	Miami		, Florida ³³¹⁶⁹
		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>	Address	Type of Action
AMBR	Lexilia Neptune	20010 NW 3rd Ave, Miami, Florida	Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			FO Pomovo
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ffect	ive date, if other than the date of filing:(optional)
an ef	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 nent's effective date on the Department of State's records.
o re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	90th day after the record is filed.
ated	
uicu	
	Signature of a member or authorized representative of a member
	IEXIIA NEPTUNE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00