## L170000877164

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SECRETARY OF STATE
ANASSEE, FLORIG

S. WARREN JUL 17 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp			•
	NUFORM	LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		RUTH RODRIGUEZ		
			Name of Person	<del></del>
		NUFORM LLC		
			Firm/Company	
		12350 CORIANDER DR.		
			Address	
		ORLANDO, FL. 32837		
			City/State and Zip Code	
		mctaxsolutions@gmail.com	to be used for future annual report notif	ication)
For fur	ther information ed	oncerning this matter, please ea		
RUTI	H RODRIGUEZ		407 953-7493	
	Name of	l'Person	at ()Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>≡</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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**

(Name of the Line	nited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)	
The Articles of Organization for this Limited I. Florida document number L17000087764	Liability Company were filed	on 04/20/2017	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	·····	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E <i>BOX</i> )		
			nter the name of the
		ess on our records, e	ner the name or the
registered agent and/or the new registered o	RUTH RODRIGUEZ  12350 CORIANDER DR.		ner the name of the
registered agent and/or the new registered of New Registered Agent:	RUTH RODRIGUEZ  12350 CORIANDER DR.  EL	nter Florida street address	
	RUTH RODRIGUEZ  12350 CORIANDER DR.  EL		

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 Agen

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JAMES PEREZ	14528 REDMEADOW CT	■ Add
		ORLANDO, FLORIDA 32837	☐ Remove
			☐ Change
MGR CARLOS ARGUELLO	12350 CORIANDER DR.	Add	
		ORLANDO, FLORIDA 32837	■ Remove
			Change
			□ Remove
		***	☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			C Change
			FILED AND REMOVE SAILASSEE FL
			Remove ED

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
Effective	date, if other than the date of filing:
Note: If to document of the record	the 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 603.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.  It is a specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	<u> </u>
	James 12/ 740/27
	Signature of a member of authorized representative of a member
	Hames forez
	Typed or printed name of signee Typed Or printed Name Typed Or p
	CO ST 🐱
	Page 3 of 3

Filing Fee: \$25.00