117000091564

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COVER LETTER

	Registration So Division of Cor		i	3
SUBJEC		ultants LLC		•
30 60120		Name of Lim	nited Liability Company	
The enck	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		Ana E Toro		
			Name of Person	
		Etax Consultants LLC		
			Firm/Company	
		PO Box 327202		
			Address	
		Ft Lauderdale FL 33332		
		njtoro@bellsouth.net	City/State and Zip Code	
		E-mail address; (to be used for future annual report notif	ication)
For furthe	er information c	oncerning this matter, please ca	all:	
Ana E To	эго		954 448-8039	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	O 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 of Certified Copy (additional copy is enclose

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

Etax Consultants LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) united Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>1.17000091564</u>	npany were filed on 04/25/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5/5
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		- XIII
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>ω</u> α
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	Zip Code
	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 filled to merely reflect a change in the registered office address. Thereby 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	<u>Address</u>	Type of Action
MGR	Ana E Toro	PO Box 327202 Ft Lauderdale, FL 33332	Add
		 	□ Remove
			☐ Change
MGR	Rafael J Toro		Add
		PO Box 327202 Ft Lauderdale, FL 33332	■ Remove
			Change
			Remove
			_ □ Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			□ Remove
			☐ Change

			
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		<u> </u>	
fective date if other than th	e dute of filing:		(ontional)
in effective date is listed, the date in ote: If the date inserted in this beament's effective date on the	block does not meet the appli	cable statutory filing requi	(optional) 90 days after filing.) Pursuant to 605 0 rements, this date will not be listed
e record specifies a delaye The 90th day after the re	ed effective date, but no cord is filed.	ot an effective time, a	at 12:01 a.m. on the earlier
mted May 1.	2011		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00