## 117000)121540

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
☐ PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer

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D. BRUCE JUN 21 2017

## **COVER LETTER**

	egistration Sec ivision of Corp			
		IE TAX LLC		
SUBJECT		Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
		JEANFILS JEANPIERRE		
			Name of Person	<del></del>
			Firm/Company	
		1340 NW 119 STREET		. <u></u>
		MIAMI, FLORIDA. 3316	Address 7	
		GREATNEIGHBORSNEW	City/State and Zip Code /S@GMAIL.COM	
			to be used for future annual report notific	alion)
For further	r information co	oncerning this matter, please co	ill:	50.00 P2
JEANFIL.	S JEANPIERR	E	786 399-7911 at ()	2002
	Name of	Person	Area Code Daytime	Felephone Number 33 23 23 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25
Enclosed i	s a check for th	e following amount:		
\$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

(Name of the Limi	ited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited I		nny were filed on 11/29/2006	and assigned
Florida document number 1.17000121540	<del></del>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limit <u>ed li</u>	iability company here:	
he new name must be distinguishable and contain the	words "Limited Li	iability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NONE	
Principal office address MUST BE A STREA		<u> </u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	EBOX)	NONE	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address b	l office address on our records, <u>en</u> ner <u>e</u> :	the name of the
Name of New Registered Agent:	NONE	<u></u>	
New Registered Office Address:	NONE		
		Enter Florida street address	
		, Florid:	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Р	JEANFILS JEANPIERRE	1340 NW 119 STREET MIA, FL. (	■ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
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ffect	to if other than the date of filing: (ontional)	
Note:	vertise 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	a s
e red The	ord 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.	of
Dated		
	Humey in	
	Signature of a member or authorized remessatistive of a member	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00