

L17000/66509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

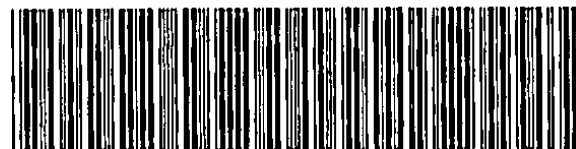
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tx Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelo Torres Lievano
Name of Person

Firm/Company

1250 NW 7 st Suite 202
Address

miami FL 33125
City/State and Zip Code

Protaxes 17@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF THE
TALLAHASSEE FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pamela Arvelo	9125 SW 77 AV	<input type="checkbox"/> Add
		Apt A303	<input checked="" type="checkbox"/> Remove
		Miami FL 33156	<input type="checkbox"/> Change
MGR	Angel Torres Lirano	24121 SW 107 AV	<input checked="" type="checkbox"/> Add
		Homestead FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Glanileicy Nunez Ledesma	24121 SW 107 AV	<input checked="" type="checkbox"/> Add
		Homestead FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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DATE 01-11-2001 BY 60322
#14684

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____,

Pamela Arvelo

Signature of a member or authorized representative of a member

Pamela Arvelo

Typed or printed name of signee