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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Watson Tax	Services LLC		
SUBJ	ECT:		ned Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are sub-	mutted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Alex Avin		
			Name of Person	
		Watson Tax Services LLC		
			Fum-Company	
		125 W Sunrise BEVD		
			Address	
		FT Lauderdale FL 33311		
		alex.ata wistaxes.com	City/State and Zip Code	**************************************
			to be used for future annual report n	atition trans
г. с.				ouncation)
Alex		oncerning this matter, please co	or. 954 9971147	
AVICX	AVIII			
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclos	sed is a check for th	ac following amount:		
<b>■</b> S2	5,00 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 Chilton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

my a <u>s it now appears on our records.</u> Liability Company)	1				
were filed on October 4 2017	and assigned				
ility company here:					
lity Company," the designation "LLC"	or the abbreviation "L.L.C."				
125 W Sunrise BLvd					
Fort Lauderdale Fl 33311	£ 0 €				
	E S TI				
	2 P				
P.O. Box 292132	26 5				
Davie Florida 33329					
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	<u> </u>				
	enter the name of the				
<u>c</u> :					
Fater Flacility space with ac-					
, Flor	rida				
	lity Company," the designation "LLC"  125 W Sunrise BLvd  Fort Landerdale FI 33311  P.O. Box 292132  Davie Florida 33329  Enter Florida street address  Enter Florida street address				

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

Title	<u>Name</u>	Address	Type of Action
MGRM	Sandise Metayer	441 Fronda Ave SW	
		Palm Bay Florida 32908	
		rain Bay Fiorida 5, 705	■ Remove
			Change
MGRM	Alex Avin	4320 Sw 74th ter	
		O. J. P. 22211	■ Add
		Davie FI 33314	□ Remove
			☐ Change
MGRM	Lencol Meteyer	2603 NI: Hawthorne circle	
···		Vancouver WA 98663	
		Vancouver WAY 78/103	≥ S
			0V 2
			<u> </u>
			Dald
			Remove
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r effective date r <u>te:</u> If the date	f other than the s listed, the date mu- inserted in this b tive date on the I	st be specific and lock does not n	cannot be priored the application	cable statutor	g or more than 9 y filing require	0 days after (	filing.) Pu	rsuant 6   not-be	o 605,020 e listed a:
	cifies a delaye y after the rec			ot an effec	tive time, at	.12:01 a	.m. on	the e	arlier o
	r 15th 2018			_					
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11	atsor	Signature of a	member or and	Olov nonzed repref	ntative of a men	ber	<del></del>	<del></del>	_

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Filing Fee: \$25.00