

617 000 232 838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

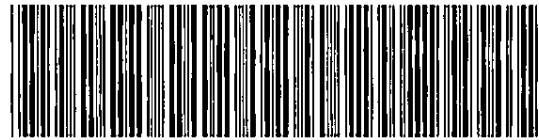
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMMIGRANT ASSOCIATION INCOME-TAX SERVICE CENTER 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:

YENNITZA FERRER SANTANA

Name of Person

IMMIGRANT ASSOCIATION INCOME-TAX SERVICE CENTER LLC

Firm/Company

744 TREKKER ST

Address

JACKSONVILLE, FLORIDA. 32216

City/State and Zip Code

mayavida17@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yennitza Ferrer Santana at (787) 904-6773  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Immigrant Association income-tax Service  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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	LIUNNET T. ECHEVERRIA	2471 COACHMAN LAKE DR JAC	<input checked="" type="checkbox"/> Add
		Jacksonville FL. 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGM	TAYMARA VIDAL	6200 BARNES RD JACKSONVIL	<input checked="" type="checkbox"/> Add
		Jacksonville FL. 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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17 DEC 11 AM 11:39  
JACKSONVILLE, FL  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

17 DEC 11  
ST. LOUIS, MO  
WILLIAMSON, FLORIDA

17 DEC 11 AM 11:39  
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LONDON

(If an effective 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 605.0207 (3)(b) **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 11-2-2017, 2017

Yennitza Ferrer  
Signature of a member or authorized representative of a member

Yennitza Ferrer  
Typed or printed name of signee