

L170002526del

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 17 AM 9:15

N COOPER

AUG 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL IN ONE CONSULTANTS 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:

TINA DANIEL

Name of Person

ALL IN ONE CONSULTANTS LLC

Firm/Company

104 E REYNOLDS STREET

Address

PLANT CITY, FL 33563

City/State and Zip Code

tina6ibarra128@gmail.com

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

For further information concerning this matter, please call:

TINA DANIEL

813

727-6718

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)

make check payable to:
Florida Dept. of State

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**

ALL IN ONE CONSULTANTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 11, 2017 and assigned
Florida document number L17000252661.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

104 E REYNOLDS STREET

PLANT CITY, FL 33563

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

104 E REYNOLDS STREET

PLANT CITY, FL 33563

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AGUSTINA DANIEL

New Registered Office Address:

104 E REYNOLDS STREET

Enter Florida street address

PLANT CITY

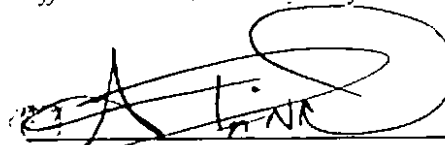
City

Florida 33563

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AGUSTINA IBARRA	2805 W REYNOLDS STREET	<input type="checkbox"/> Add
		PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AGUSTINA DANIEL	104 E REYNOLDS STREET	<input checked="" type="checkbox"/> Add
		PLANT CITY, FL 33563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add EIN # 61-1863293 see attached SS-4 acceptance from IRS.

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DIVISION OF CORPORATIONS

18 AUG 17 AM 9:14

E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 08/15/2018 2018

[Signature]
Signature of a member or authorized representative of a member

AGUSTINA DANIEL

Typed or printed name of signee

2017/DEC/21/TEU 09:49

Beasley Bryant Co

FAX No. 8636468789

P. 003

SS-4 **Application for Employer Identification Number**
 (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 Form (Rev. January 2013)
 Department of the Treasury
 Internal Revenue Service

OMB No. 1545-0003
 EIN **61-1863293**

1 Legal name of entity (or individual) for whom the EIN is being requested
ALL IN ONE CONSULTANTS LLC

2 Trade name of business (if different from name on line 1)
AGUSTINA BARRA

3 Executor, administrator, trustee, "care of" name
AGUSTINA BARRA

4a Mailing address (room, apt., suite no. and street, or P.O. box)
2805 W. REYNOLDS STREET

4b City, state, and ZIP code (if foreign, see instructions)
PLANT CITY, FL 33613

5a Street address (if different) (Do not enter a P.O. box.)
PLANT CITY, FL 33613

5b City, state, and ZIP code (if foreign, see instructions)
HILLSBOROUGH

6 County and state where principal business is located
HILLSBOROUGH

7a Name of responsible party
AGUSTINA BARRA

7b SSN, ITIN, or EIN
592-04-7577

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☒ Yes ☐ No

8b If 8a is "Yes," enter the number of LLC members **1**

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)
☐ Partnership ☐ Plan administrator (ITIN)
☐ Corporation (enter form number to be filed) ☐ Trust (ITIN of grantor)
☐ Personal service corporation ☐ National Guard ☐ State/local government
☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government/military
☐ Other nonprofit organization (specify) ☐ REMAC ☐ Indian tribal government/enterprise
☒ Other (specify) **SINGLE MEMBER LLC** Group Exemption Number (GEN) if any **▶**

9b If a corporation, name the state or foreign country (if applicable) where incorporated
 State **FL** Foreign country **▶**

10 Reason for applying (check only one box)
☒ Started new business (specify type) **SINGLE MEMBER LLC**
☐ Hired employees (Check the box and see line 13.)
☐ Compliance with IRS withholding regulations
☐ Other (specify) **▶**

☐ Banking purpose (specify purpose) **▶**
☐ Changed type of organization (specify new type) **▶**
☐ Purchased going business
☐ Created a trust (specify type) **▶**
☐ Created a pension plan (specify type) **▶**

11 Date business started or acquired (month, day, year). See instructions.
DECEMBER 11, 2017

12 Closing month of accounting year **December**

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural ☐ Household ☐ Other ☐

14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). **▶**

16 Check one box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) **CONSULTING**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
CONSULTING SERVICE - MANAGEMENT

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No **EIN 000 21 2017**

If "Yes," write previous EIN here **▶**

Third Party Designee

Designee's name
THOMAS J. BRYANT, CPA

Designee's telephone number (include area code)
863-646-2008

Address and ZIP code
4340 SOUTHWORK DRIVE LAKE AND FL 33613

Designee's tax number (include area code)
863-646-8789

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) **AGUSTINA BARRA**

Applicant's telephone number (include area code)
813-727-6718

Signature **▶** **AGUSTINA BARRA** Date **12-14-17**

Applicant's tax number (include area code)
863-646-8789

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. OIA No. 10025N Form SS-4 (Rev. 1-2013)

RECEIVED BY IRS-EEFAX

12/21/2017 9:29AM (GMT-05:00)