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(Requ	estor's Name)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	

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## **COVER LETTER**

SUBJECT: US TAX A	DVISORS, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cristina Teixeira		
		Name of Person	
	US Tax Advisors LLC		
		Firm/Company	
	999 Brickell Ave suite 410		
		Address	
	Miami, FL 33131		
	<del> </del>	City/State and Zip Code	
	cristina@2atax.com		
	E-mail address: (t	o be used for future annual report notifies	ation)
For further information co	oncerning this matter, please ca	ill:	
Cristina Teixeira		at ( 305 ) 323-9372	
Name of	Person	at (305 ) 323-9372 Area Code Daytime T	elephone Number
Enclosed is 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

TO:

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**

US TAX ADVISORS, LLC	sited Liability Compa	nu ac it now appears on	our records )
(Name of the Lin	(A Florida Limited I.	ny as it now appears on a Liability Company)	our recorus.
the Articles of Organization for this Limited lorida document number	Liability Company	were filed on $\frac{01/25/26}{1}$	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liab	oility company here:	
2A INTERNATIONAL TAX ADVISORS LLC			
ne new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:		<b>50 6</b>
Principal office address MUST BE A STRE	ET ADDRESS)		<b>第6 三 相</b>
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered of		fice address on our	records, enter the name of the
gistered agent and/or the new registered of			
Name of New Registered Agent:			
New Registered Office Address:	999 Brickell Av	e suite 410	
		. Enter Florida st	reet address
	Miami		, Florida <sup>33131</sup>
		City	Zip Code
ew 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>	Address	Type of Action
MGR	CRISTINA TEIXEIRA	999 BRICKELL AVE SUITE 410	
		MIAMI, FL 33131	Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and canno	of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ne applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's	records.
record specifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
May 1 20	18
ated May I , 20	18 .
71/	$\checkmark$ .
Signature of a inembe	rauthorized representative of a member
Cristina Tolyaira Managan	
Cristina Teixeira, Manager	d or printed name of signee

Page 3 of 3

Filing Fee: \$25.00