

LI8000115947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

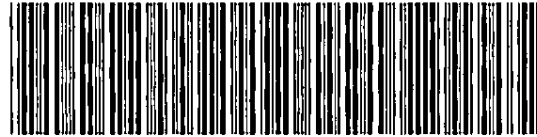
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2018 OCT -1 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FL

190000 798219

U.S.
10-6-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2018

HERVE BRUNEUS
2517 N DIXIE HWY
LAKE WORTH, FL 33460 US

SUBJECT: IMMIGRATION-TRANSLATION & MULTI SERVICES
Ref. Number: L18000115947

We have received your document for IMMIGRATION-TRANSLATION & MULTI SERVICES and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 018A00018377

2018 OCT -1 AM 10:47

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IMMIGRATION-TRANSLATION & MULTI SERVICES

(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 MAY 8, 2018 and assigned
Florida document number L18000115947.

This amendment is submitted to amend the following:

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

STAR TAX FOR ALL & IMMIGRATION-TRANSLATION LLC

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

Enter new principal offices address, if applicable:

2517 N DIXIE HWY

(Principal office address MUST BE A STREET ADDRESS)

LAKE WORTH, FL 33460

Enter new mailing address, if applicable:

NOT APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

NOT APPLICABLE

**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:

NOT APPLICABLE

New Registered Office Address:

NOT APPLICABLE

Enter Florida street address

Florida

City

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

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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>
VP	SAMANTHA PRESENDIEU	3080 CONGRESS PARK DR APT 838 LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	CARMONA SHAYEENA	2000 N CONGRESS AVE LOT 197 WEST PALM BEACH, FL 33409	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE FL

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*
WE NEED TO ADD OUR EMPLOYER IDENTIFICATION NUMBER TO THE FILE. EIN: 82-5475290

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TALLAHASSEE, FL

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

09-20-18



Signature of a member or authorized representative of a member

Samantha E. Presindien

Typed or printed name of signee