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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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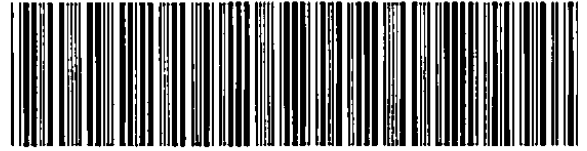
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAX UNION LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mariana Menendez

Name of Person

TAX UNION LLC

Firm/Company

9642 SW 72nd. St

Address

MIAMI, FL, 33173

City/State and Zip Code

mariana.menendez@taxleaf.com

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

For further information concerning this matter, please call:

Mariana Menendez

at (786)

486 5649

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

19 JUL -1 PM12:09

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

1. Name of the limited liability company: TAX UNION LLC

2. (a) 9642 SW 72nd. St, MIAMI, FL, 33173 (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

07/03/2018

3. 07/03/2018 Date of filing/registration in Florida 4. _____ Document number

5. (a) USHUAIA LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8175 NW 12TH ST SUITE 130

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

DORAL, FL 33126

(b) MARIANA MENENDEZ

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

9642 NW 72nd. St

NEW Registered Office Address:

MIAMI, FL 33173

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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

Mariana Menendez
Printed or typed name of signee

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 understand 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 notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

19 JUL - 1 PM 12:09