118000184500

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300317659413

08/31/18--01012--020 **25.00

18 AUG 31 AM 10: 46

N COOPEF. SEP 07 2018

COVER LETTER

Division of Cor			
	K MAINTENANCE AND REF	PAIR LLC ,	•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUIS R. SMITH		
	<u>. </u>	Name of Person	.
	TAXES USA LLC		
		Firm/Company	
	11402 NW 41ST STREE	T SUITE 211	
		Address	
	DORAL, FL 33178		
	LM.JESSEL@GMAIL.CO	City/State and Zip Code M	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	dl:	
LUIS R. SMITH		305 470-2429	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 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

(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 [A Florida document number L18000184500] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	gned
Florida document number L18000184500 This amendment is submitted to amend the following:	gned
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 "L.L.	` ≌
Enter now principal offices address if applicable	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: 11749 WINDCREST LANE	10 0 14 16 16 16 16 16 16 16 16 16 16 16 16 16
(Mailing address MAY BE A POST OFFICE BOX) SAN DIEGO, CA 92128	
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida	of the nev
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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOD	SAMIA T. ELBANA	18861 NW 2ND STREET	
MGR			Add
		PEMBROKE PINES, FL 33029	
			Remove
			☐ Change
		-	
			□ Remove
			□ Change
			D Add
			
			Remove
			Change
			O Change
			□ Add
			Remove
			Change
			5
			Add
			☐ Remove
			Change
			Remove
			Add Remove Change

<u></u>		·						
					·-			
								
·		-			<u> </u>			
								
						. .		
								
_				<u> </u>			AUG	—Sign
							<u> </u>	— <u>Ş</u>
							<u> </u>	
							<u></u>	
							91	110X
		,						
ective date, if other than a effective date is listed, the date te: If the date inserted in thi cument's effective date on the record specifies a dela	s block does e Departmen	not meet the a at of State's re	applicable : cords.	statutory fili	ing requirer	nents, this d	ate will not be	listed
The 90th day after the o					·			
08/27 ted		2018	·.					
	_		//					

Page 3 of 3

Filing Fee: \$25.00