

L18 000 269 036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

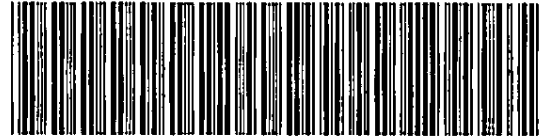
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SOUTH CAROLINA  
CLERK OF COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAX PARTNERS USA, 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:

TERESA MCWILLIAMS

Name of Person

TAX PARTNERS USA, LLC

Firm/Company

4801 S UNIVERSITY DRIVE, SUITE 227

Address

DAVIE, FL 33328

City/State and Zip Code

MYRAPIDTAXUSA@YAHOO.COM

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

For further information concerning this matter, please call:

TERESA MCWILLIAMS

Name of Person

at

(954)

Area Code

805-2080

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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

TAX PARTNERS USA, 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 11/19/2018 and assigned  
Florida document number L18000269036.

This amendment is submitted to amend the following:

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

TAX PARTNERS USA, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
AMBR	MICHAEL LANDIS	4801 S UNIVERSITY DRIVE	<input type="checkbox"/> Add
		SUITE 227	<input checked="" type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
AMBR	ALTIA LANDIS	4801 S UNIVERSITY DRIVE	<input type="checkbox"/> Add
		SUITE 227	<input checked="" type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
AMBR	ALUF HOLDINGS, INC.	4801 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 227	<input type="checkbox"/> Remove
		DAVIE, FL 33328	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SHELTON  
FILE

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**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.

Dated JANUARY 9, 2023

Jeresa Meadows

TERESA MCWILLIAMS, MGR

Typed or printed name of signee