L19666219364

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R. WHITE
JAN 1 4 2020

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		FAX SERVICES AND ACCOUN	ITING LLC
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	YAMILETH GARCIA		
		Name of Person	
	UNLIMITED TAX SERV	ICES AND ACCOUNTING LLC	
		Firm/Company	
	13365 SW 42ND ST		
		Address	
	MIAMI FL 33175		
		City/State and Zip Code	
	UNLIMITEDTAXACC@G		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
YAMILETH GARCIA		305 495-6520	
Name	of Person	at () Area Code Daytin	ne 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addro Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 ET 12 FM 12: 57

UNLIMITED TAX SERVICES AND ACCOUNTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1 19000219364	npany were filed on AUGUS	ST 28. 2019	_ and assigned
Florida document number L19000219364			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	ition "LLC" or the abbr	rviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ls, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Ent of Elements	most sellman	
New Registered Office Address:	Enter Florida so		
New Registered Office Address:		rect address Florida	Zip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered /	City		Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	FELIX M GIL	8245 SW 152 AVE APT D414	
		MIAMI FL 33193	■Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			□(Thange
			□Add
			□Remove
			□Change

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ii amene	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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lt an effect <u>Note:</u> If	NOVEMBER 20, 2019 (optional) ive date, if other than the date of filing: (optional) (optional) (ive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl Oth day after the record is filed.	ier o
Dated	NOVEMBER 22 2019	
	Mouges	
	Signature of a member of authorized representative of a member	
	ramileth Garcia	

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Filing Fee: \$25.00