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## **COVER LETTER**

Division	of Corporations	
Inter	national Immigration & Tax Services LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Leyanis Tellez	
	Name of Person	
	International Immigration & Tax Services LLC	
	Firm/Company	
	6819 Armand Dr	
	Address	
	Tampa, FL 33634	
	City/State and Zip Code	
	immigrationparaservice@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	tion concerning this matter, please call:	
Leyanis Tellez	813 453-9708	
	tame of Person Area Code Daytime Telephone Number	
Enclosed is a chec	: for the following amount:	20 (1)
■ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	e of Status & 🛶 🚊 🗟 🗒

Mailing Address:

TO: Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## International Immigration & Tax Services 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 Lia Florida document number L20000061743	bility Company	were filed on	February 25, 2020	and assigned
This amendment is submitted to amend the follow	ving:			<u> </u>
A. If amending name, enter the new name of t	he limited liabi	lity company	here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," th	ne designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	6819 Armar	nd Dr	
	al office address MUST BE A STREET ADDRESS)  Tampa, FL 33634			
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a	ddress on ou	r records, enter the nan	ne of the new registered
Name of New Registered Agent:	Leyanis Tellez			
New Registered Office Address:	w Registered Office Address: 5835 Memorial Hwy Suite 13			
		Enter I	Florida street address	
	Tampa		Florida <u></u> .	3615
		Ciţ		Zip Code
New Registered Agent's Signature if changing Re	mistarud Amente			

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>	Address	Type of Action
AMBR	Leyanis Tellez	6819 Armand Dr. Tampa, FL 33634	□Add
			□Remove
			■Change
AMBR	Luisa Chanel Dural	7302 W Pocahontas Ave Tampa, FL 33634	□Add
			<b>≡</b> Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Channa

and change Leyanis Telle	z from MGR to AMBR as only member of the above mentioned LLC
<del></del>	
<del></del>	
······	
fective date, if other than the	03/17/2020 (optional)
in effective date is listed, the date mu	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 lock does not meet the applicable statutory filing requirements, this date will not be listed a
ecord specifies a delayed effecti is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
March 17	2020
nicu	· · · · · · · · · · · · · · · · · · ·
(NUISU	Signature of a member or authorized representative of a member

Filing Fee: \$25.00