## 120000163027

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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PERM-AC SUBJECT:	M-ACTION LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·		
Please return all correspo	endence concerning this matter	to the following:			
	LUIS R. SMITH				
		Name of Person	<del></del>		
	TAXES USA LLC				
		Firm/Company	. <del></del>		
	5892 STIRLING RD # 4				
		Address	<del></del>		
	HOLLYWOOD, FL 33021				
		City/State and Zip Code			
	INFO@TAXESUSAMIAM				
	E-mail address: (	to be used for future annual report not	tification)		
For further information of	oncerning this matter, please co	all:			
LUIS R. SMITH		305 470-2429 at ( )			
Name o	T Person	Area Code Daytir	me Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	orporations Tallahassee		
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

## ARTICLES OF ORGANIZATION OF

PERM-ACTION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assign-Florida document number L20000163027 This amendment is submitted to amend the following: 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.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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of A
MGR	MODESTA M. PINO RICARDO	10920 W TIGER LN.	<b>=</b> Add
		SAPULGA OK 74066	□ Remov
			□Change
AMBR	GUADALUPE BANULS	410 SE 2ND ST APT 205,	■Add
		HALLANDALE BEACH,FL 33009	□Remove
			☐Change 2020 XU Add
			23 ☐ Remove
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e record specifi rd is filed.	es a delayed effec	ctive date, but n	ot an effective	time, at 12:01 a.	m. on the earlie	r of: (b) The	90th day af
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Dated OCTOB		Vignature of	a member or au	thorized representa	tive of a member	_	