## L20000187931

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
SUBJECT: TRU	ident the	cd Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
		Rud ent Name of Person	
		Firm/Company	
	1548 NE	165 Stazet Address	2023 3.1
	port Mit	City/State and Zip Code	7-33164 = S
	Cherria den E-mail address: (10	City/State and Zip Code  Code	ication)
For further information co	oncerning this matter, please cal	11:	
BASCIAI Name o	3 Pared out	at (7-86) 554 Area Code Daytimo	8068 C Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRudent Thrift Shop 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 10-16-2013 and assigned	
Torida document number $4200018793.1$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Paudent International TAXE SERVICES 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)	<u>-</u>
ر <u>ي</u> دي	-
Enter new mailing address, if applicable:	-
Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>
· .	_
. 5	_
3. If amending the registered agent and/or registered office address on our records, enter the name of the new regist	terec
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	_
, Florida	
City Florida, Florida	_
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>	Name	Address	Type of Action
			□ Add
			□Remove
			🗆 Change
			□Add
			□Remove
	•	·	□Change
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			☐ ElRemove  ☐ Change  ☐ Change
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			Remove
			□Change

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tive date, if other than the date of filing:	(optional) :
Fective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	statutory filing requirements, this date will not be lis
rd specifies a delayed effective date, but not an effective time, a iled.	at 12:01 a.m. on the earlier of: (b) The 90th day aft
10-16-2093	

Filing Pee: \$25.00