

L210003280423

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : WF TAXES AND MCRE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)879-0150

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 SEP -2 AM 9:57

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 SEP -2 AM 11:26

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
SALAS ACCOUNTING SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

SEP 03 2021

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALAS ACCOUNTING SERVICES 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:

SANDRA P SALAS

Name of Person

SALAS ACCOUNTING SERVICES LLC

Firm/Company

1233 SW ALBENGA AVE

Address

PORT ST LUCIE FL 34953

City/State and Zip Code

spsalas@hotmail.com

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

For further information concerning this matter, please call:

SANDRA P SALAS

772 4033442
at ()

Name of Person

Area Code

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

H/ 210003280423

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALAS ACCOUNTING SERVICES LLC

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

FILED
2021 SEP -2 AM 9:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/26/2021

Florida document number L21000382403

This amendment is submitted to amend the following:

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

Salass accounting 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)

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:

SANDRA P SALAS

New Registered Office Address:

1233 SW ALBENGA AVE

Enter Florida street address

PORT ST LUCIE

City

Florida 34953

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 505, 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

H 210003290423

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	SANDRA P SALAS	1233 SW ALBENGA AVE	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JULIO C REYES	1233 SW ALBENGA AVE	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input checked="" 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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(If an effective 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 eD2.0207 (3)(b)

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 August 31, 2021.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Sandra P. Salas

Typed or printed name of signee

ALL ASSESSMENT STATE
FLORID

2021 SEP -2 AM 9:57

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14
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Filing Fee: \$25.00

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