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| (Re                     | questor's Name)    |           |
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| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (                       |                    | -,        |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only

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## **COVER LETTER**

|                       | Registration Sc<br>Division of Cor          |   | مو .   |  | .•   |  |
|-----------------------|---|---|--|--|--|--|
|                       |   | BUSINESS LLC                              |  |  |  |  |
| SUBJEC                | ïl:   | Name of Lim                               | ited Liability Company                                       |  |  |  |
| The enclo             | osed Articles of                            | Amendment and fee(s) are sub              | mitted for filing.   |  |  |  |
| Please ret            | turn all correspo                           | ondence concerning this matter            | to the following:  |  |  |  |
|                       |   | Jorge Ochoa                               |  |  |  |  |
|                       |   |   | Name of Person   |  | <del> </del>   |  |
|                       |   | Visa Tax USA Corp                         |  |  |  |  |
|                       |   | - <del></del>                             | Firm/Company   |  |  |  |
|                       |   | 9050 Pines Blvd Suite 417                 | •  |  |  |  |
|                       |   |   | Address  | <del></del>                                | <del></del>  |  |
|                       |   | Pembroke Pines, FL 3302-                  | 4  |  |  |  |
|                       |   |   | City/State and Zip Cod                                       | de   | <del></del>  |  |
|                       |   | 8aduque@bellsouth.net                     |  |  | <del></del>  |  |
| For furth             | er information c                            | e-mail address: (                         | to be used for future annuall:                               | iai report nonnean                         | on)  |  |
| Jorge Oc              |   |   |  | 213-5182                                   |  |  |
|                       | Name o                                      | f Person                                  | at ()_<br>Area Code  | Daytime Tel                                | lephone Number   |  |
| Enclosed              |   | ne following amount:                      |  |  |  |  |
| □ \$25.0              | 00 Filing Fee                               | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fe<br>Certified Copy<br>(additional copy is |  | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| •                     |   |   |  |  |  |  |
|                       | Mailing Addres Registration S Division of C | Section                                   | Regis  | Address:<br>stration Sectionion of Corpora |  |  |
|                       | P.O. Box 632                                | 27  | The C  | Centre of Talla                            | nhassee  |  |
| Tallahassee, FL 32314 |   |   | 2415   | 2415 N. Monroe Street, Suite 810           |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Emer Florida street address

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>            | Type of Action   |
|--------------|----------------------------|---------------------------|------------------|
| Member       | POLO ORTIGOZA,Gabriela     | 2592 Havenwood Rd         | ■Add             |
|              |                            | West Palm Beach, FL 33415 | □Remove          |
|              |                            |                           | □Change          |
| Member       | POLO ORTIGOZA, Helena      | 2592 Havenwood Rd         | <b>=</b> Add     |
|              |                            | West Palm Beach, FL 33415 | Remove           |
|              |                            |                           | ☐Change          |
| Member       | POLO ORTIGOZA, Jose Miguel | 2592 Havenwood Rd         | Add              |
|              |                            | West Palm Beach, FL 33415 | □Remove          |
|              |                            |                           | ☐ Change         |
| Member       | ORTIGOZA CUELLAR, Carolina | 2592 Havenwood Rd         |                  |
|              |                            | West Palm Beach, FL 33415 | Remove           |
|              |                            |                           | <b>≡</b> Change  |
|              |                            |                           | □Add             |
|              |                            |                           | □Remove          |
|              |                            |                           | Change           |
|              |                            |                           | □ Add            |
|              |                            | <del></del>               | □Remove          |
|              |                            |                           | ∏ <i>C</i> hange |

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| Note:   | ve date, if other than the date of filing:  |
| d is ti | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.  August 15 |

Filing Fee: \$25.00

Typed or printed name of signee