

P1500007071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

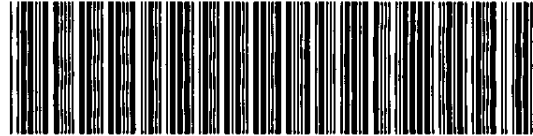
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And  
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R. WHITE

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15 NOV 30 AM 6:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2015

DANILO SANTANA  
5401 S KIRKMAN RD STE 105  
ORLANDO, FL 32819

SUBJECT: ATZM SERVICES INC  
Ref. Number: P15000070741

We have received your document for ATZM SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity is a Florida corporation, with articles of incorporation filed on 8/21/2015. Please remove all reference to articles of organization, as articles of organization are filed for an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 315A00023091

RECEIVED  
15 NOV 30 PM 3:10

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ATZM SERVICES INC**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Name of Person : DANILO SANTANA**

**Firm/Company: US TAX CONSULTING INC**

**Address : 5401 S. KIRKMAN RD STE 105**

**City/State and Zip Code: ORLANDO, FL, 32819**

**support@ustaxconsulting.net**

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

For further information concerning this matter, please call:

**DANILO SANTANA**

Name Person

**(407) 674-8969**

Phone Number

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314 2661

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
Executive Center Circle  
Tallahassee, FL 32301

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15 NOV 30 AM 6:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**ATZM SERVICES, INC.**

**Florida document number: P15000070741.**

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**Article I**

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**Article II**

**B. Enter new principal offices address, if applicable:  
(Principal office address *MUST BE A STREET ADDRESS*)**

\_\_\_\_\_

**C. Enter new mailing address, if applicable:  
(Mailing address *MAY BE A POST OFFICE BOX*)**

\_\_\_\_\_

**Article IV**

**D. 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

(Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the office title: P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Title	Name	Address	Type of Action
P	SILVERO MEANA, ANDRE G.	RUA CHARLES ESPENCER 120 AP 2301	REMOVE <input checked="" type="checkbox"/>
		SAO PAULO, SP, 05646-010 BR	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
_____	_____	_____	_____

Title	Name	Address	Type of Action
_____	_____	_____	_____

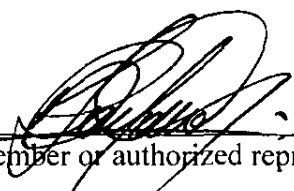
**E. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**F. Effective date, if other than the date of filing: (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: , .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**DANILO SANTANA**

Typed or printed name of signee