

L10000116009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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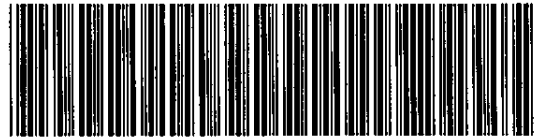
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
2014 OCT 24 AM 10:53

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A&A Income Tax and Financial 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:

**Anita McCray**

Name of Person

**A&A Income Tax and Financial Services, LLC**

Firm/Company

**5462 Whitney Street**

Address

**Jacksonville Florida 32277**

City/State and Zip Code

**aaaincometaxservices@gmail.com**

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

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For further information concerning this matter, please call:

**Anita McCray**

**904 226-7339**

Name of Person

at ( )

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A & A Income Tax and Financial Services, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 11/04/2010 and assigned  
 Florida document number L10000116009

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:** 5462 Whitney Street  
Jacksonville Florida 32277  
*(Principal office address MUST BE A STREET ADDRESS)*

**Enter new mailing address, if applicable:** 5462 Whitney Street  
Jacksonville Florida 32277  
*(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: Anita McCray

New Registered Office Address: 5462 Whitney Street  
Enter Florida street address

Jacksonville, Florida 32277  
City 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MANAG	Anita McCray	5462 Whitney Street Jacksonville fl 3227	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMBER	Anthony C McCray SR	5462 Whitney Street Jacksonville fl 3227	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MANAG	Anthony C McCray JR	1600 RUSTLING DR Fleming island fl 32003 (remove)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MANAG	Anthony C McCray JR	1600 RUSTLING DR FLEMING ISL FL Fleming island fl 32003 (remove)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MEMBER	MONICA A. YOUNG	5462 Whitney Street Jacksonville fl 3227	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove

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

removing Anthony C. McCray JR and he cannot use my document number.

removing from Title Manager and any other title showing his name .

removing Anthony C. McCray JR only.

Thank you

members (1) Anthony C McCray SR AND member (2 )MONICA A. YOUNG

E. 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 \_\_\_\_\_, \_\_\_\_\_

*Anita McCray*

Signature of a member or authorized representative of a member

Anita McCray

*Anita McCray*

Typed or printed name of signee

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