

L15000070731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2016 OCT 11 P 2:59

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D. BRUCE  
OCT 11 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2016

MICHAELA JALLAH  
400 SOUTH FEDERAL HWY, STE 406  
BOYNTON BEACH, FL 33435

SUBJECT: TRANSAMERICA TAX MULTI SERVICES LLC  
Ref. Number: L15000070731

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 816A00020035

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TransAmerica Tax Multi Services  
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:

Michelle Jallah  
Name of Person

TransAmerica Tax Multi Services  
Firm/Company

400 South Federal Hwy Suite 402  
Address

Boynton Beach, FL 33435  
City/State and Zip Code

mjallah@tamulti.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Jallah at (306) 932-2200  
Name of Person Area Code Daytime Telephone Number

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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)

\$35.00 ~~total~~ was mailed out to Sun 10/2

**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**

TransAmerica Tax Multi Services  
(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 15000070731 and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

TransAmerica Multi Services Agency 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)**

N/A same

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A same

**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:

N/A same

New Registered Office Address:

\_\_\_\_\_  
Enter Florida street address  
\_\_\_\_\_, Florida  
City

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CLARK COUNTY  
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> | <u>Name</u> | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|-------------|---------------------|--|
|              |             |                     | <input type="checkbox"/> Add               |
|              | <i>N/A</i>  | <i>same on file</i> | <input type="checkbox"/> Remove            |
|              |             |                     | <input type="checkbox"/> Change            |
|              |             |                     | <input type="checkbox"/> Add               |
|              |             |                     | <input type="checkbox"/> Remove            |
|              |             |                     | <input type="checkbox"/> Change            |
|              |             |                     | <input type="checkbox"/> Add               |
|              |             |                     | <input type="checkbox"/> Remove            |
|              |             |                     | <input type="checkbox"/> Change            |
|              |             |                     | <input type="checkbox"/> Add               |
|              |             |                     | <input checked="" type="checkbox"/> Remove |
|              |             |                     | <input checked="" type="checkbox"/> Change |
|              |             |                     | <input type="checkbox"/> Add               |
|              |             |                     | <input type="checkbox"/> Remove            |
|              |             |                     | <input type="checkbox"/> Change            |
|              |             |                     | <input type="checkbox"/> Add               |
|              |             |                     | <input type="checkbox"/> Remove            |
|              |             |                     | <input type="checkbox"/> Change            |

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

To whom it may concern,  
Please change my business name from  
TransAmerica Tax Multi Services to  
TransAmerica Multi Services Agency LLC

Thank S,

Michaela Jallat

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 605.0207 (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.

If the record 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 record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

Typed or printed name of signee