

106000 039 961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

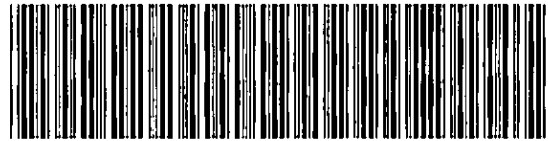
(Business Entity Name)

(Document Number)

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Amend

NOV 08 2019  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE HOUSE OF TAXES 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:

CHARLES E. HENDERSON

\_\_\_\_\_  
Name of Person

THE HOUSE OF TAXES LLC

\_\_\_\_\_  
Firm/Company

15108 HEATHRIDGE DR.

\_\_\_\_\_  
Address

TAMPA FL. 33625

\_\_\_\_\_  
City/State and Zip Code

ch@h1040.com

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

For further information concerning this matter, please call:

CHARLES E. HENDERSON

813

265-2806

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

—

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

11-4-65

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

TAMPA FL

Zip Code

*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.*

Page 1 of 3

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>
CFO	EULA T BACON HENDERSON	15108 HEATHRIDGE DR	<input checked="" type="checkbox"/> Add
		TAMPA FL	<input type="checkbox"/> Remove
		33625	<input type="checkbox"/> Change
CEO	CHARLES E HENDERSON	15108 HEATHRIDGE DR	<input type="checkbox"/> Add
		TAMPA FL	<input type="checkbox"/> Remove
		33625	<input checked="" type="checkbox"/> Change
VP	SIA BONHOMME	1092 RIVERSIDE RIDGE RD	<input type="checkbox"/> Add
		TARPON SPRINGS FL	<input type="checkbox"/> Remove
		34688	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 10/15/2019

  
Signature of a member or

Signature of a member or authorized representative of a member

CHARLES E. HENDERSON

Typed or printed name of signee