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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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10/17/19--01007--005 **35.06

Amend

NOV 0 8 2019 I ALBRITTON

COVER LETTER

ŤO:	Registration S Division of Co			
SUBJE	CT.	SE OF TAXES LLC		
301701		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sulpndence concerning this matter		
		CHARLES E. HENDERS		
		THE HOUSE OF TAXES	Name of Person	<u> </u>
		15108 HEATHRIDGE DE	Firm/Company	
		TAMPA FL. 33625	Address	
		ch@h1040.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please c	all:	
CHARLES E. HENDERSON			813 265-2806 at()	
	Name o	i Person		Telephone Number
Enclosed	l is a check for th	e following amount:		
■ \$2 5.	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)

ŤΟ:

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

THE HOUSE OF TAXES LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	and assigned		
Florida document number L06000039961			
This amendment is submitted to amend the following:		A. Co	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	EULA T BACON HENDERSON		
Principal office address MUST BE A STREET ADDRESS)	15108 HEATHRIDGE DR		
	TAMPA FL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>e</u> :	enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		1	
	Florid	da 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CFO	EULA T BACON HENDERSON	15108 HEATHRIDGE DR	
		(V.) (P.) (P.)	Add
		TAMPA FL	
		33625	□ Renюve
			Change
CEO	CHARLES E HENDERSON	15108 HEATHRIDGE DR	
		TAMPA FL	
		TAMITA PL	Remove
		33625	Kemove
			Change
VP	SIA BONHOMME	1092 RIVERSIDE RIDGE RD	_
		TARPON SPRINGS FL	
			🗖 Remove
		34688	
			☐ Change
			
			O Add
			□ Remove
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Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	meet the appii	cable statutory fi	r more than 90 days a ling requirements,	ptional) offer filing.) Pursuant to this date will not be	605.0207 (listed as (
ne record specifies a delay The 90th day after the re	ed effective ecord is filed	date, but no	ot an effective	e time, at 12:0	1 a.m. on the ea	rlier of:
		2019				
10/15/ Dated		- ` 	 '			
Dated	KMM.	MI				
Dated	KMM Signature of a	a hiember or auth	norized representat	ive of a member		

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Filing Fee: \$25.00