

FROM

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(FRI) JUN 27 2008 12:19:08 ST. 12:19:08 No. 608525539 P. 1

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

JUN 30 2008

From:
Account Name : THE TAX COMPANY, LLC
Account Number : I200700000061
Phone : (954) 725-0900
Fax Number : (954) 678-4770

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE TAX COMPANY LLC

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2008 JUN 27 AM 10:34

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FROM

(FRI) JUN 27 2008 12:20/ST. 12:19/No. 6818525539 P 2

(((H08000161009 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE TAX COMPANY 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:

CASSIO RAFFA

(Name of Person)

THE TAX COMPANY LLC

(Firm/Company)

481 E. HILLSBORO BLVD. STE. 200

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

SELOMITE MEDEIROS

(Name of Person)

at (954) 725-0900

(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

(((H08000161009 3)))

FROM

(FRI) JUN 27 2008 12:20/ST. 12:19/No. 6818525539 P 3

((H08000161009 3)))

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

THE TAX COMPANY LLC

(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 11/01/2006 and assigned
Florida document number L06000106288

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

(Enter Florida street address)

(City)

Florida

(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 608, 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)

Page 1 of 2

((H08000161009 3)))

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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FROM

(FRI) JUN 27 2008 12:20/ST. 12:19/No. 6818525539 P 4
(((H08000161009 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOE VASCONCELOS CO.	481 E. HILLSBORO BLVD. STE. 200 DEERFIELD BEACH FL 33441 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JUNE 27, 2008



Signature of a member or authorized representative of a member

CASSIO RAFFA

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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