

LO7000058056

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DIVISION OF CORPORATIONS  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMPLOYEE DISCOUNT SERVICES OF FLORIDA, 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:

THOMAS L. HIGH

(Name of Person)

EMPLOYEE DISCOUNT SERVICES OF FLORIDA, LLC

(Firm/Company)

3260 NORTH HIGHWAY 17-92

(Address)

LONGWOOD, FL 32750

(City/State and Zip Code)

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For further information concerning this matter, please call:

TOM HIGH

(Name of Person)

at (407) 928-3185

(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

EMPLOYEE DISCOUNT SERVICES OF FLORIDA, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on JUNE 1ST, 2007 and assigned  
document number LO7000058056

**SECOND:** This amendment is submitted to amend the following:

THOMAS L. HIGH IS THE NEW MANAGER.

AMY TOLERICO IS TO BE REMOVE AS MANAGER.

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Dated

6/6/07

Thomas L. High / Amy Tolerico  
Signature of a member or authorized representative of a member

THOMAS L. HIGH / AMY TOLERICO  
Typed or printed name of signee

Filing Fee: \$25.00



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**Federal Tax ID / EIN**

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This is your provisional Employer Identification Number:

**26-0302419**

Today's Date is: June 06, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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