

L11000121587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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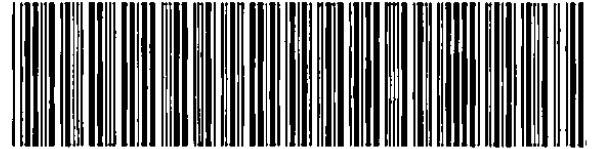
(Business Entity Name)

(Document Number)

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2019 JUL 27 PM 12:48

JUL 11 2019  
T. LITREUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TAX NETWORK GROUP, 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:

Evelyne G Bobo-Deglance

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

DEGLANCE AND ASSOCIATES FINANCIAL SERVICES, Inc

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

16548 SW 32ND ST

\_\_\_\_\_  
Address

MIRAMAR , FL 33027

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

EBOBO74@GMAIL.COM

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

For further information concerning this matter, please call:

Evelyne G Bobo-Deglance

786

290-3902

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

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

TAX NETWORK GROUP, LLC

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

DATE FILED 27 DEC 48

The Articles of Organization for this Limited Liability Company were filed on 10/25/2011 and assigned  
Florida document number L11000121587.

This amendment is submitted to amend the following:

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

N/A

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:**

16548 SW 32ND ST

**(Principal office address MUST BE A STREET ADDRESS)**

MIRAMAR, FL 33027

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

PO BOX 170166

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

HIALEAH, FL 33017

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

DEGLACE AND ASSOCIATES FINANCIAL SERVICES, Inc

New Registered Office Address:

16548 SW 32ND ST

*Enter Florida street address*

MIRAMAR

*City*

Florida 33027

*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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
MGRM	Evelyne G Bobo-Deglance	16548 SW 32ND ST	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GENNIFER FLEURIOT	16548 SW 32ND ST	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

The main purpose of the filing is:

Change the principal business address

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

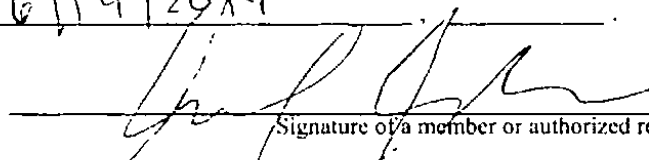
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (

**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

6/19/2019



Signature of a member or authorized representative of a member

Evelyn Bobo

Typed or printed name of signee