

L13000002067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

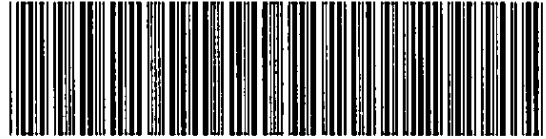
(Business Entity Name)

(Document Number)

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20 JUN 15 PM 4:05

Amend/Name Change

JUL 27 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSN Tax Service 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:

Shirley M. McCoy
Name of Person
TSN Tax Service LLC
Firm/Company
473 NW 2nd Way
Address
Gulf Bldg 119 33441
City/State and Zip Code
Shirley.McCoy@tsn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shirley M. McCoy at (904) 532-9663
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JUN 15 PM 4:05

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

TSM Tax Service 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 January 4 2013 and assigned Florida document number L13000002067

This amendment is submitted to amend the following:

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

TSM Tax Services LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Same address as file

473 NW 2nd way

Deerfield Beach, FL 33441

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:

Jackie McCall

New Registered Office Address:

473 NW 2nd way

Enter Florida street address

Deerfield Beach

City

Florida

33441

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.

Jackie McCall

If Changing Registered Agent, Signature of New Registered Agent

Jackie McCall

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>
<u>owner</u>	<u>Jackie McCall</u>	<u>473 NW 2nd way</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Bch Fla 33441</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Paulette Burgess</u>	<u>671 SW 10th Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Bch Fla 33441</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

My reason for Amending is adding Owner of Business which is Jackie McCall and also adding Paulette Burgess as a manager. Every other Manager is to remain the same.

Changing Business name to TSM Tax Services LLC adding the letter (S) to Service

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 (3)(b)

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 6.17.2020

Jackie McCall

Signature of a member or authorized representative of a member

Paulette McCall

Typed or printed name of signer