

L170000 46483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

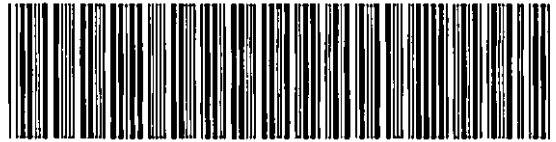
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 28 PM 1:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA & OMEGA TAX SERVICES, 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 D. CHRISTENSON

Name of Person

ALPHA & OMEGA TAX SERVICES, LLC

Firm/Company

1416 STOURHEAD CT

Address

TALLAHASSEE, FL 32312

City/State and Zip Code

TDCHRISTENSON@AOL.COM

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

For further information concerning this matter, please call:

THOMAS D. CHRISTENSON

850 294-0329
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

• 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> |
|--------------|-----------------------|-----------------------|--|
| MGR | GARY L. MEDLEY | 2224 ARMISTEAD DR | <input type="checkbox"/> Add |
| | | TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | THOMAS D. CHRISTENSON | 1416 STOURHEAD CT | <input checked="" type="checkbox"/> Add |
| | | TALLAHASSEE, FL 32312 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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SECRETARY OF THE
FALLAHS

(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)

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 DECEMBER 26, 2017

Thomas D. Christen

Signature of a member or authorized representative of a member

THOMAS D. CHRISTENSON

Typed or printed name of signee