

L13 0000 50218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

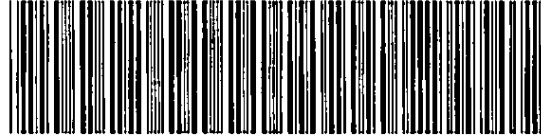
(Business Entity Name)

(Document Number)

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17 DEC -6 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



TAX SHACK LLC
2801 SW COLLEGE RD. STE 3
OCALA, FL 34474
OFFICE 352-547-4919 FAX 352-229-8493

November 30, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
Florida Document Number L13000050218

Re: Removal of Steve W. Chordas

Enclosed please find Articles of Amendment to Articles of Organization for Tax Shack LLC.

Please be advised that Steve W. Chordas has retired and is no longer a manager of Tax Shack LLC. I have enclosed a copy of the letter of retirement from Mr. Chordas which was written to our clients on August 2, 2017.

I, Barbara Feigenbaum will be the sole owner of Tax Shack LLC and need confirmation that this will and has been attended too.

If, you have any questions please feel free to contact me.

Thank you.

Sincerely,
Barbara Feigenbaum
Tax Shack LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAX SHACK 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:

BARBARA FEIGENBAUM
Name of Person
TAX SHACK LLC
Firm/Company
2801 SW COLLEGE ROAD SUITE 3
Address
OCALA FLORIDA 34474
City/State and Zip Code
taxshack@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA FEIGENBAUM 352 547-4919
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

(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 APRIL 1, 2013 and assigned
Florida document number L13000050218.

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 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)

2801 SW COLLEGE ROAD SUITE 103

OCALA FLORIDA 34474

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2801 SW COLLEGE ROAD SUITE 103

OCALA FLORIDA 34474

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

Florida

City

17 DEC -6 AM 7:39
SECRETARY OF STATE
ALLAHABAD, INDIA

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.

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 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	STEVE W. CHORDAS		<input type="checkbox"/> Add
		5002 NW 57TH AVE OCALA FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 DEC - 6 AM 7 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC -6 AM 7134
SECRETARY IN CHIEF
TALLAHASSEE, FLORIDA

(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 NOVEMBER 30, 2017

Barbara Feigenbaum
Signature of a member or authorized representative of a member

BARBARA FEIGENBAUM

Typed or printed name of signee