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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 DEC 19 PM 3:16
TALLAHASSEE - FLORIDA

J. LEGGETT
DEC 20 2017

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, FL 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

Name of Person

352

at ()

Area Code

547-4919

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 SHACK 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 APRIL 1, 2013 and assigned
Florida document number L 13000050218

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 3

OCALA, FLORIDA 34474

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2801 SW COLLEGE ROAD SUITE 3

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:

2801 SW COLLEGE ROAD SUITE 3

Enter Florida street address

OCALA

City

, Florida

34474

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.

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 DEC 19 PM 10:16
MAIL ROOM

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FBI

(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 7, 2017

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

BARBARA FEIGENBAUM

Typed or printed name of signee