L14000003002

. (Re	equestor's Name)	
(Ac	dress)	
. (Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Onl	l v

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09/10/14--01023--020 **25.00

TO: Registration Section Division of Corporations

SUBJECT: JOSEPH A ONOFRE 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:

JOSEPH A ONOFRE



Name of Person

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:

Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,

JOSEPH A ONOFRE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000003002</u>		and assigned []
This amendment is submitted to amend the following:		PH T
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	H & 13
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u></u>

Enter Florida street address

. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

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MGR = Manager

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<u>Title</u>	Name	Address	Type of Actio
MGR	JOSEPH A ONOFRE	538 WHIPPOORWILL LA	NE ■ Add
		OVIEDO FL 32765	Remove
			Add Remove
			Remove
			 Add
			Remove
			🗆 Add
			Remove
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			Remove

D.	If amending any other	informati	on, enter	r change(s)	here:	(Attach additional	l sheets,	if necessary.)
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E. Effective date, if other than the date of filing:((The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 the date this document is filed by the Florida Department of State) Dated, 2014	optional) days after	
Signature of a member of authorized representative of a member JOSEPHAONOFRE Pyped or printed name of signee	SEP 10 PH & 13	



IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

V lease Also Add My Ein # (

Date of this notice: 01-15-2014

Employer Identification Number: 46-4528108

Form: SS-4

Number of this notice: CP 575 A

JOSEPH A ONOFRE LLC JOSEPH A ONOFRE SOLE MBR 538 WIPPOORWILL LN OVIEDO, FL 32765

For assistance you may call us at: 1-800-829-4933

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IF YOU WRITE, ATTACH THE STUB AT THE END OF, THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4528108. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN: If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 720

04/30/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is JOSE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

		Keep this part for	your records.	CP 575 A (R	ev. 7-2007)
so we ma	y identify you	any correspondence r account. Please your name or addres	s.	99999	CP 575 A 999999
Your Tel ()	ephone Number	Best Time to Call	DATE OF THIS NOTICE: EMPLOYER IDENTIFICATION FORM: SS-4	01-15-2014 ON NUMBER: NOBOD	46-4528108

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 JOSEPH A ONOFRE LLC JOSEPH A ONOFRE SOLE MBR 538 WIPPOORWILL LN OVIEDO, FL 32765