# 114000014505

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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Tax Pros	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christ	rine Kinder Name of Person	
		Firm/Company	
	PO. B	OX 130420	<u> </u>
	Tampa info Q E-mail address: (	FL 3368  City/State and Zip Code  TAMPA TAX DOO, to be used for future annual report notif	<u>COM</u>
For further information c	oncerning this matter, please c		
Christme Name o	FPerson	at (813) 6 18 Area Code Daytime	-5980 Telephone Number
Enclosed is a check for the	ne 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 Pros L	LC		
(Name of the Limited Liability Compa (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 LIY0000 14505	were filed on 127114	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab  Tampa Tax Pros	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or th	ne abbreviation "	L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	7901 N Nebra	ska A	ve
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 1304 Tampa, FL 330	129	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name	of the new
Name of New Registered Agent:			: [
New Registered Office Address:			47727
	Enter Florida street address		
	, Florida	Zip Code	<u> </u>

### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
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ective date must be se e this document is fi	er than the date of filing: specific, cannot be prior to date of receipt or filed date and cannot be filed by the Florida Department of State)	(optional) se more than 90 days after
ective date must be see this document is fi	specific, cannot be prior to date of receipt or filed date and cannot be telefible the Florida Department of State)	
ective date must be steethis document is fi	specific, cannot be prior to date of receipt or filed date and cannot be	e more than 90 days after

Page 3 of 3

Filing Fee: \$25.00