

L14 0000 44512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

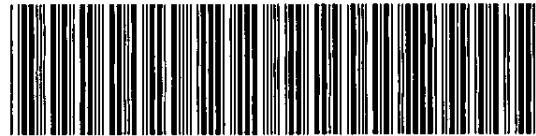
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400257137084

03/25/14--01004--021 **30.00

RECEIVED
DEPARTMENT OF STATE
14 MAR 25 PM 12:07

MAR 25 2014

T CLINE

RECEIVED
DEPARTMENT OF STATE
14 MAR 25 PM 12:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARRIS ACCOUNTING & 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:

ALEX L HARRIS
Name of Person

HARRIS ACCOUNTING & TAX SOLUTIONS LLC
Firm/Company

9502 BWE BLAZES RD
Address

TALLAHASSEE, FL 32309
City/State and Zip Code

aharris.hats.llc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX L HARRIS at (850) 766-8733
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

14 MAR 25 PM 12:06
STATE OF FLORIDA

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

HARRIS ACCOUNTING & TAX SERVICES 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 MARCH 18, 2014 and assigned Florida document number 214000044512

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HARRIS ACCOUNTING & TAX SOLUTIONS LLC

The new name must be distinguishable and end with 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ISABELLE BONHAM	9502 BLUE BLAZES RD	☐ Add
		TALLAHASSEE, FL 32309	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

STATE
FLORIDA
14 MAR 25 PM 11:06
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated MARCH 25, 2014.

Signature of a member or authorized representative of a member

ALEX C HARRIS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAR 25 PM 12:06
STATE
FLORIDA