

L14 000124327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

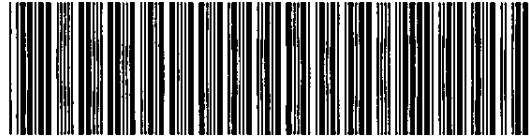
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandra Keegan-Dennis Professional Tax Service, 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:

Sandra J Dennis

Name of Person

Sandra Keegan-Dennis Professional Tax Service, LLC

Firm/Company

1805 Thoroughbred Drive

Address

Gotha, FL 34734

City/State and Zip Code

skdprofessionaltax@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra J Dennis

407

716-1980

at (_____) _____

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

Sandra Keegan-Dennis Professional Tax Service, LLC

The Articles of Organization for this Limited Liability Company were filed on 08/07/2014 and assigned Florida document number L14000124327.

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

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 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

14 DEC -2 PM 12:56
Zip Code
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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>
Treas	Jillian M Raymond	11782 Ottawa Avenue	☒ Add
		Orlando, FL 32837	☐ Remove
Secre	Marilyn J Roberts	1033 Arbor Hill Circle	☒ Add
		Minneola, FL 34715	☐ Remove
			☐ Add
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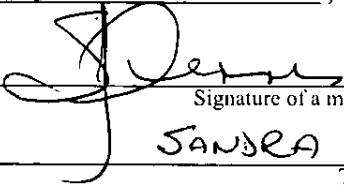
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 26, 2014



Signature of a member or authorized representative of a member
SANDRA J. DENNIS

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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