UVOUNS

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
558		

Office Use Only



700280628377

01/26/16--01018--011 **25.00



J. BHUCE

COVER LETTER

Division of Corporations	
UBJECT: LUXURY TOX Pros LLC Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Megan McCoy Name of Person Luxury Tax Pros Firm/Company 8421 S. Orange Blossom Tr Unit 20 Address Orlando, Fl 32809 City/State and Zip Code Megan Mcc 1788 Damail. com	12
b-mail address: (to be used for future annual eport notification) or further information concerning this matter, please call:	
Megan MCCoy Name of Person at (407) 808-6990 8 Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2016

MEGAN MCCOY LUXURY TAX PROS 8421 S ORANGE BLOSSOM TRAIL UNIT 202 ORLANDO, FL 32809

SUBJECT: LUXURY TAX PROS, L.L.C.

Ref. Number: L14000164445

We have received your document for LUXURY TAX PROS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 016A00001823

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxury Tox P	² ros
(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 10/22/2014 and assigned
Florida document number L14000164445.	200
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words. Limited Ligh	cility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8421 S. Orange Blosson Trail
(Principal office address MUST BE A STREET ADDRESS)	Suite 202
·	Orlando, FL 32809
Enter new mailing address, if applicable:	8421 S. Orange Blossom Trail
(Mailing address MAY BE A POST OFFICE BOX)	Suite 202
· · · · · · · · · · · · · · · · · · ·	Orlando, FL 32809
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address: 8421	S. Orango Blossom Trail Suite 20. Enter Florida street address
_ Or lo	ando Florida 32809
•	City Zip Code
Now Posicioned Agent's Signature (Calemain Destatured Agent	

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 = Ma $AMBR = Ai$	anager athorized Member		
Title	Name	Address	Type of Action
AMBR	Jesus Prodriguez	Hel Laurel Way	Add
		Kissimmer, FL 34743	□ Remove
		·	Change
AMBR	Megan McCoy	Mel Laurel Way	[D] Add
	· · · · · · · · · · · · · · · · · · ·	hissimmee, FL 34743	Remove
		<u> </u>	Change
		<u> </u>	Add
· ·		ABA ABA ABA	Remove.
			Change
	·	ORIEN	= 0 -
	,		🗆 Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
•			☐ Change

	,	we c	<u>also</u>	att	achea	<u>2 C</u>	u C	ono	M	EIL	<u>U</u>
	Drawp	بور. آ	Ine	wer r	ealiz	ed i	+ 3 a	dint'	ل		
	auto	itom	call	(\$26	Laiste	25° W	oith	ชินช	bīz.		
·	Than		_) _	0						_
)	/ 		,						
_	. · · ·	<u> </u>		<u> </u>		· .					
_				•			·				_
			<u> </u>	·			•	<u> </u>	·		
		<u></u>		٠,	· 	<u>, </u>	<u> </u>	·		<u> </u>	
	<u> </u>	<u></u>		· · · · · ·	~		· · · · · · · · · · · · · · ·			20:05	OR 2 4 2
	- ·		······································	<u> </u>	· ·		·	·. 		E	Terretor
			•						조 조 조 조 조 조 조 조 조 조 조 조 조 조 조 조 조 조 조	10	*********
		···		.*						D	
						······································		 	語	-≣- -	
		<u> </u>	•						<u> </u>		_
_										 ,	
			·	-							•
_		·				<u>··</u>					

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 10-23-2014

Employer Identification Number: 47-2147917

Form: SS-4

Number of this notice: CP 575 G

LUXURY TAX PROS MEGAN MCCOX SOLE MBR 907 CUMBRAN IN KISSIMMEE, FL 34758

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

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 47-2147917. 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.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

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 LUXU. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.