

44000169361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

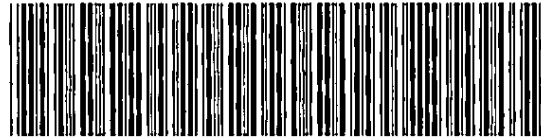
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800318025098

10/22/18--01003--010 \*\*35.00

2018 OCT 22 PM 3:56

FILED

D SCOTT

EX 1 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Auburndale Bookkeeping & 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:

Christina L. Hansen, CPA

\_\_\_\_\_  
Name of Person

Accounting & Tax Edge LLC

\_\_\_\_\_  
Firm/Company

864 1st Street S

\_\_\_\_\_  
Address

Winter Haven, FL 33880

\_\_\_\_\_  
City/State and Zip Code

help@yourtaxedge.com

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

For further information concerning this matter, please call:

Christina L. Hansen, CPA

863

875-7853

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

2017 OCT 27 PM 3:57

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Auburndale Bookkeeping &amp; 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 10/30/2014 and assigned Florida document number 114000169361.

This amendment is submitted to amend the following:

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

Barry Macchione LLC

The new name must be distinguishable and contain 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)**

360 Vail Dr

Winter Haven, FL 33884

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

360 Vail Dr

Winter Haven, FL 33884

**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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	MC Tax Biz LLC	PO Box 1476	<input type="checkbox"/> Add
		Winter Haven, FL 33882	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barry Macchione	360 Vail Dr	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 07 27 FRI 5:00 PM

7-11-77  
C 1727 F 1 P 5

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 1, 2017

*Christopher J. Hansen*  
Signature of a member of author

Signature of a member or authorized representative of a member

Christina L. Hansen

Typed or printed name of signee