

L14000178797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

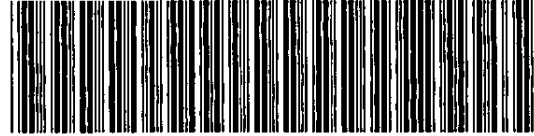
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700279800707

12/09/15--01021--001 **25.00

FILED
2015 DEC -9 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2015
BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ORACLE TAX SERVICES
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:

Sisse Sy Ferguson
Name of Person

Oracle Tax Services, LLC
Firm/Company

924 N Magnolia Ave, Suite 210
Address

Orlando, FL 32803
City/State and Zip Code

SISSE@ORACLEFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sisse Sy Ferguson at (407) 948 9564
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC -9 A 10:49

FILED

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

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

ORACLE 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 11/18/2014 and assigned Florida document number L14000178797.

This amendment is submitted to amend the following:

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

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)

924 N. MAGNOLIA AVE
SUITE 210
ORLANDO, FL 32803

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:

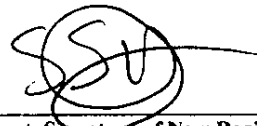
SISSE SY FERGUSON

New Registered Office Address:

924 N Magnolia Ave, Suite 210
Enter Florida street address
Orlando, Florida 32803
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	NOBOLANLE FADARE,	1405 Tampa	<input checked="" type="checkbox"/> Add
		Park Plaza Street	<input type="checkbox"/> Remove
		TAMPA, FL 33605	<input type="checkbox"/> Change
MGR	SIMPLICE C ESSOU	19910 Satin	<input type="checkbox"/> Add
		Leaf Ave, Tampa, FL 33647	<input checked="" 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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2013 DEC - 4 9 PM

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

PLEASE Change MGR SISSE FERGUSON
ADDRESS to 924 N MAGNOLIA
AVE, Suite 210, ORLANDO, FL 32803-

FILED
2015 DEC - 9 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

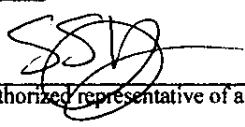
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 4th, 2015.



Signature of a member or authorized representative of a member

SISSE SY FERGUSON

Typed or printed name of signee