

L150000 33173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

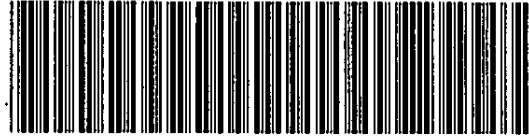
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/15--01029--021 **25.00

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15 MAR 31 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAX HOUSE SERVICE BUREAU 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:

GUY R TELFORT
Name of Person

TAX HOUSE SERVICE BUREAU LLC
Firm/Company

10900 NW 24TH ST
Address

CORAL SPRINGS, FL 33065
City/State and Zip Code

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

For further information concerning this matter, please call:

GUY R. TELFORT at (954) 245-1745
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAR 31 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

March 26, 2015

GUY R TELFORT
10900 NW 24TH ST
CORAL SPRINGS, FL 33065

SUBJECT: TAX HOUSE SERVICE BUREAU LLC
Ref. Number: L15000033173

We have received your document for TAX HOUSE SERVICE BUREAU LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Are you adding or removing?

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 015A00006096

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tax House service Bureau 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 02/23/2015 and assigned Florida document number 215000033173.

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 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)

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

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
Owner <u>P</u>	<u>GUY. R Telfort</u>	<u>10900 NW 24TH ST Coral Springs, FL 33065</u>	<input checked="" type="checkbox"/> Add
		<u>MGR. GUY. R Telfort</u>	<input checked="" type="checkbox"/> Remove Change
		<u>10900 NW 24TH ST Coral Springs, FL 33065</u>	
Owner <u>VP</u>	<u>GESPER JEAN-PAUL</u>	<u>1419 NW 80TH AVE UNIT D MARPATE, FL 33063</u>	<input checked="" type="checkbox"/> Add
		<u>MGR. GESPER JEAN-PAUL</u>	<input checked="" type="checkbox"/> Remove Change
		<u>1419 NW 80TH AVE UNIT D MARPATE, FL 33063</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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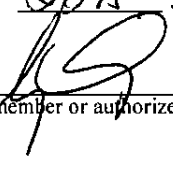
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Removing titles mgr + changing
them to P + VP

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 03 - 02 - 2015

Signature of a member or authorized representative of a member


Guy Telford

Typed or printed name of signer

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TALLAHASSEE, FLORIDA