

215000 111411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

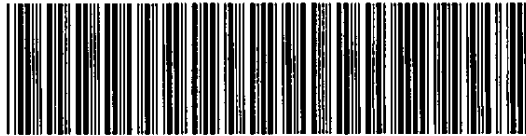
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 20 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 21 2015
J SHIVERS

Tax Professional Services, LLC

A Financial Services Corporation

1105 W Maple Ave

Geneva, AL 36340

334-684-6398

334-684-7193 -fax

www.taxproll.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, National Association of Tax Practitioners, National Institute of Tax Studies, Accreditation Council for Accountancy and Taxation, Tax Freedom Institute, The American College of Forensic Examiners

July 13, 2015

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Enclosed you will find: Articles of Amendment to Articles of Organization check for payment and a self addressed envelope.

Please register the enclosed Articles of Amendment for ROBERTS V VENDING and return to us in self addressed envelope provided.

Thank you,

U. Steiner

Ulli Steiner
Tax Professional Services, LLC

Enc.

Cert#: 7014 1200 0001 7677 7314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROBERTS V VENDING, 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:

ULLI STEINER

Name of Person

TAX PROFESSIONAL SERVICES, LLC

Firm/Company

1105 W MAPLE AVE

Address

GENEVA, AL. 36340

City/State and Zip Code

ulli@taxprollc.com

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

For further information concerning this matter, please call:

ULLI STEINER 334 684-6398
Name of Person at () 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

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TALLAHASSEE, FLORIDA

Page 1 of 3

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>
AMBR	VICTOR G ROBERTS, JR	1935 SEAY RD	<input checked="" type="checkbox"/> Add
		COTTONDALE, FL. 32431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOLLY A ROBERTS	1935 SEAY RD	<input type="checkbox"/> Add
		COTTONDALE, FL. 32431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 JUL 20
SECRETARY
ALLAHABAD

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 JULY 13, 2015

Molly Roberts
Signature of a member or author

Signature of a member or authorized representative of a member

MOLLY A ROBERTS

Typed or printed name of signee