

L15000158445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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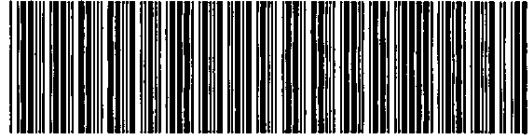
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 30 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Tax Choice & Financial 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:

Denny Carrion

Name of Person

The Tax Choice & Financial Services

Firm/Company

1495 Forest Hill Blvd Suite B

Address

Lake Clarke Shores Fl. 33406

City/State and Zip Code

dennycarrion_mytaxes@hotmail.com

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

For further information concerning this matter, please call:

Denny Carrion

561 707-3708
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

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

The Tax Choice & Financial 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 09/17/2015 and assigned
Florida document number L15000158449.

This amendment is submitted to amend the following:

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

N/A

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)

1495 Forest Hill Blvd Suite B

Lake Clarke Shores Florida 33406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5812 Rambler Rose Way

West Palm Beach FL 33415

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:

Denny Carrion

New Registered Office Address:

1495 Forest Hill Blvd Suite B

Enter Florida street address

Lake Clarke Shores

, 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>
CEO	SR. Denny Carrion	5812 Rambler Rose Way	<input type="checkbox"/> Add
		West Palm Beach Fl 33415	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
SFVP	MRS. Ayda Carrion	5812 Rambler Rose Way	<input type="checkbox"/> Add
		West Palm Beach Fl 33415	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	The Tax Choice	1495 Forest Hill Blvd Suite B	<input type="checkbox"/> Add
		Lake Clarke Shores Fl 33406	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Nelly B. Gonzalez	6112 Forest Hill Blvd Apt 104	<input type="checkbox"/> Add
		West Palm Beach Fl. 33415	<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

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

The Name of Liability Company Is Not to be Change, Just the Principal Address is to be Corrected It. The Addresses of Registered Agent and members has also Change and the last AmBR Nelly B. Gonzalez Is to be remove.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

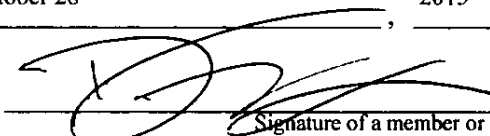
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 28, 2015



Signature of a member or authorized representative of a member

Denny Carrion

Typed or printed name of signee