

L15000 199 633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

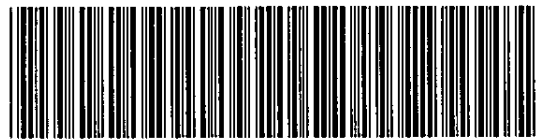
(Business Entity Name)

(Document Number)

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RECEIVED  
2016 JUN 15 PM 12:37  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 15 PM 2:28

JUN 17 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MME1040 TAX 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:

BONA M HALLMON

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

MME1040 TAX LLC

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

1008 34TH AVE W

\_\_\_\_\_  
Address

BRADENTON FLORIDA 34205

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

BMONPLAISIR@GMAIL.COM

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

For further information concerning this matter, please call:

BONA M HALLMON

941

5364088

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2016

BONA M HALLMON  
1008 34TH AVE W  
BRADENTON, FL 34205

SUBJECT: MME1040 TAX LLC  
Ref. Number: L15000199633

FILED  
16 JUN 15 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MME1040 TAX 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L13000041305.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 116A00009604

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

MME1040 TAX 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 11/30/2015 and assigned  
Florida document number L15000199633.

This amendment is submitted to amend the following:

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

~~MME1040 SERVICE CTR LLC~~ <sup>Bmk</sup> MME1040 SERVICE 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)

6320 15TH ST E

SUITE C-7

SARASOTA FLORIDA 34243

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

(Mailing address MAY BE A POST OFFICE BOX)

1008 34TH AVE W

BRADENTON FLORIDA 34205

**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:

BONA M HALLMON

New Registered Office Address:

6320 15TH ST E SUITE C-7

*Enter Florida street address*

SARASOTA

*City*

Florida 34243

*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>                   |
|--------------|------------------|--------------------------|---|
| AMBR         | BONA M HALLMON   | 6320 15TH ST E SUITE C-7 | <input checked="" type="checkbox"/> Add |
|              |                  | SARASOTA FL 34243        | <input type="checkbox"/> Remove         |
|              |                  |                          | <input type="checkbox"/> Change         |
| AMBR         | MILDA ELYSEE     | 6320 15TH ST E SUITE C-7 | <input checked="" type="checkbox"/> Add |
|              |                  | SARASOTA FL 34243        | <input type="checkbox"/> Remove         |
|              |                  |                          | <input type="checkbox"/> Change         |
| AMBR         | MACKENSON ELYSEE | 6320 15TH ST E SUITE C-7 | <input checked="" type="checkbox"/> Add |
|              |                  | SARASOT FL 34243         | <input type="checkbox"/> Remove         |
|              |                  |                          | <input type="checkbox"/> Change         |
|              |                  |                          | <input type="checkbox"/> Add            |
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|              |                  |                          | <input type="checkbox"/> Change         |
|              |                  |                          | <input type="checkbox"/> Add            |
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SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/15/03 BY 60322  
PH 28

[illegible]

(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)

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.

  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

BONA M HALLMON

Typed or printed name of signee

**Filing Fee: \$25.00**

16 JUN 15 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA