

L16000022987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2017 MAR 17 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 22 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2017

MAX TAX EXPERTS "LLC".
SANJO G. ALLEN
22077 S DIXIE HWY
MIAMI, FL 33170

SUBJECT: MAX TAX EXPERTS "LLC".
Ref. Number: L16000022987

2017 MAR 17 PM 3:42
TALLAHASSEE, FLORIDA

We have received your document for MAX TAX EXPERTS "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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 417A00004392

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAX TAX EXPERTS "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:

SANJO G. ALLEN

Name of Person

MAX TAX EXPERTS "LLC"

Firm/Company

22077 S. DIXIE HWY.

Address

MIAMI, FL., 33170

City/State and Zip Code

sanjoallen@maxtaxexperts.com

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

For further information concerning this matter, please call:

SANJO G., ALLEN

786 383-8429
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MAX TAX EXPERTS "LLC".

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 MAR 17 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/02/2016 and assigned
Florida document number L16000022987.

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) _____

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

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	DAMIAN O. BARRETT	22077 S. DIXIE HWY.	<input checked="" type="checkbox"/> Add
		MIAMI, FL., 33170	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2017 MAR 17 AM 11:21
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FL

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2017 MAR 17 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00