

L16000022987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

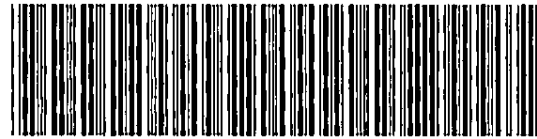
(Business Entity Name)

(Document Number)

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S. YOUNG

⑥



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2018

SANJO G ALLEN
MAX TAX EXPERTS "LLC"
22077 SOUTH DIXIE HIGHWAY
MIAMI, FL 33170

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

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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

We have received your document for MAX TAX EXPERTS "LLC". and your check(s) totaling \$60.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

TAX EXPERT, INC - P08000104451

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 018A00022150

TO: Florida Department of State FROM: Max Tax Experts "LLC"

DATE: 10/02/2018

#: 786-383-8429

TOTAL PAGES: 7

Message:

This is our return address 22077 S Dixie
Hwy, miam., FL 33170

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18 NOV 13 PM 3:47
TALLAHASSEE, FLORIDA

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 SOUTH DIXIE HIGHWAY
_____ Address MIAMI, FL. 33170
_____ City/State and Zip Code SANJOALLEN@MAXTAXEXPERTS@GMAIL.COM
_____ E-mail address: (to be used for future annual report notification)

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18 NOV 13 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SANJO G. ALLEN	786	383-8429
_____ Name of Person	at (_____) Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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)

The Articles of Organization for this Limited Liability Company were filed on 02/02/2016 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 TAX EXPERTS & BookKeeping "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:

22077 SOUTH DIXIE HIGHWAY

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL. 33170

Enter new mailing address, if applicable:

22077 SOUTH DIXIE HIGHWAY

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL., 33170

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TALLAHASSEE, FLORIDA

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: SANJO G. ALLEN

New Registered Office Address: 22077 SOUTH DIXIE HIGHWAY

Enter Florida street address

MIAMI, Florida 33170

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	SANJO G. ALLEN	22077 SOUTH DIXIE HIGHWAY MIAMI, FL., 33170	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAMIEN O. BARRETT	22077 SOUTH DIXIE HIGHWAY MIAMI, FL., 33170	<input checked="" type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

SECRET
STATE
TALLAHASSEE, FLORIDA

18 NOV 13 PM 3:47
SOUTH DAKOTA STATE
TALLAHASSEE, FLORIDA

FILED

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

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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee