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K. SALY MAR 2 3 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Harbor Tax Service, 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:
Patricia A. Kelly Name of Person
Harbur Tax Plus Service, LLC
621 Reddical St. Address
Melhourne, Fl 3290)  City/State and Zip Code  Pj Kelly @ bell South net  E-mail address: (to be used for future annual report notification)
Pj Kelly @ bellSouth, net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia A. Kelly at (321) 698-3646  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\$\text{\$\t

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

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ARTICLES OF O	RGANIZATION
<b>O</b> !	F 20/7 MAD
	- "AR 22 AL
Habas Tox Dluc	Services, LC METARY OF SE 45
(Name of the Limited Liability Compa)	
(A Florida Limited L	Tability Company)
The Articles of Organization for this Limited Liability Company	were filed on Dec 07, 2016 and assigned
Florida document number <u>L 16000221963</u> .	•
TEL: 1 1 10 10 10 10 10 10 10 10 10 10 10 10	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Harbor Tax Plus Service	
The new name must be distinguishable and contain the words "Limited Liabili	
7	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2763 West New Haven Av
(Mailing address MAY BE A POST OFFICE BOX)	Ste 249
•	2263 West New Haven Av Ste 249 West Melbourne, F/ 32904
	<del></del>
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	<u>;</u>
Name of New Registered Agent:	
Navy Bosistanad Office Address	
New Registered Office Address:	Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2017 MAR 22 PM 3: 46 AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> Address SECRETARY OF STATE FALLAHASSEE, FLORING ☐ Add □ Remove ☐ Change □ Add \_□ Remove ☐ Change ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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record sp	ecifies a delaye	ed effective	date, but no	ot an effectiv	ve time, at 12	2:01 a.m. o	n the earlier of
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Filing Fee: \$25.00