h18000124272

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



900364025029

04/15/21--01022--009 **55.00

(1.12 R

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

FALLIS FI SUBJECT:	NANCIAL SERVICES LLC						
SUBJECT.	Name of Limi	ted Liability Company					
The enclosed Articles of	Amendment and fec(s) are sub-	nitted for filing.					
Please return all correspo	ondence concerning this matter t	to the following:					
	TERRY FALLIS, EA						
		Name of Person	.				
	FALLIS FINANCIAL SER	VICES LLC					
		Fimt/Company					
	603 63RD. AVENUE WEST LOT J7						
Address							
	BRADENTON, FL 34207						
		City/State and Zip Code	 				
	TFALLIS63@GMAIL.COM						
	E-mail address: (t	o be used for future annual report n	otrheation)				
For further information c	concerning this matter, please ca	dl:					
TERRY FALLIS, EA		941 773-2364 at (1				
Name o	f Person		ime Telephone Number				
Enclosed is a check for the	he following amount:						
□ \$25.00 Filing Fee	S30.00 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 S		Street Address: Registration S	Section				
Division of C		Division of C					
P.O. Box 632		The Centre of	Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		oppose on our records	
(Same of the Linn	ted Liability Company as it now a (A Florida Limited Liability Com	pany)	
The Articles of Organization for this Limited L. Florida document number L18000124272	iability Company were filed o	on MAY 17TH 2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
FALLIS TAX SERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if application of the second of the	<u> </u>		
3. If amending the registered agent and/or gent and/or the new registered office addre	~	our records, enter the nai	ne of the new register
Name of New Registered Agent:	TERRY FALLIS, EA		
New Registered Office Address:	603 63RD. AVENUE WES	T LOT J7	
Total Andrews Salaba (Andrews).	Ent	er Florida street address	- :
	BRADENTON	Florida ^{3.}	4207
	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>	Name	Address	Type of Action
			□Add
			Remove
			□Add
			□Remove
			Change
			_ □Add
			□Remove
		<u> </u>	□Change
			□ Add
			Remove
			□Change
			⊡Add
			[]Remove
			□Change
			□Add
			□Remove
			□ Change

										
					, <u>-</u>					
										
	- 									
	,				 					
		_	.							
		4	<u></u>				<u>-</u>			
		<u> </u>			·	-,,	·. -		· · · · · · · · · · · · · · · · · · ·	
									<u> </u>	
		-	•		_					
		-			_ 	 ,				
				 				.		
					-, -, -,	<u>-</u>				
Effective I an effecti	date, if other	than the da	te of filing	cannot be pr	ior to date o	f filing or mor	e than 90 da	(optionally)	n l) ng.) Pursuant	to 605,0207
Note: If i	the date inserted t's effective date	d in this block	does not m	icct the app	licable sta	utory filing	requireme	nts, this da	ite will not b	pe listed as
e record s _l rd is filed.	pecifies a delay	ed effective d	ate, but not	an effective	e time, at 1	2:01 a.m. or	the earlie	r of: (b)	The 90th da	y after the
	03/13	/		2/	11.	1				
Dated						324				
Dated				M		oresentative o	Co march			

Filing Fee: \$25.00

THE BACK OF THIS DOCUMENT CONTAINS AN "AMSCOT" ARTIFICIAL WATERMARK - HOLD AT AN ANGLE

INTERNATIONAL MONEY ORDER

The Money Superstore

86-490 2218058160

89

PAY TO THE - FLORIDA DEPT. BE REYETHE

04/11/2021

URCHASER'S SIGNATURE

AMSCOT CORPORATION P.O. BOX 25137 TAMPA, FL 33622-5137

Payable through BancFirst

TERR

\$\$14.19

PURCHASER **FOURTEEN AND 19/100 DOLLARS

2218058160

NOT VALID FOR MORE THAN ONE THOUSAND FIVE HUNDRED DOLLARS (\$1500)

AMSCOT CORPORATION

PURCHASER AND PAYEE ARE SUBJECT TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE
THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

#103104900# 4297 2218058160#