# 48000206422

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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinett Hattibet)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

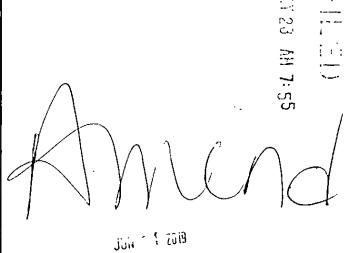
Office Use Only



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RECEIVED MAY 28 2019



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### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

TAX KNI	GHTS, LLC	•	6 3
SUBJECT:	`		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	JUSTIN RAY		
	TAX KNIGHTS, LLC	Name of Person	
	4624 OAK LEAF DRIVI	Firm/Company	
	NAPLES, FL 34119	Address	<del></del>
	JUSTINRAY239@ICLOU	City/State and Zip Code JD.COM	<del></del>
		to be used for future annual report notifi	cation)
For further information of JUSTIN RAY	concerning this matter, please c	all: 239 777-1740	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	l

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

TAX KNIGHTS, LLC		<del></del>
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Colorida document number 1.18000206622	ompany were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
nter new mailing address, if applicable:	<u> </u>	
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		
_		
		ب
. If amending the registered agent and/or regist egistered agent and/or the new registered office addr		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> VP	<u>Name</u> YULI TABARES	Address 3431 BONITA BEACH ROAD	Type of Action
<del></del>		SUITE 210	D Add
		BONTTA SPRINGS, FL 34134	■ Remove
			Change
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Effectiv	ate if other than the date of filing: (ontional)
(If an effe	ate, if other than the date of filing: (optional)  e 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
Note:	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	effective date on the Department of State's records.
the rece	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
b) The	h day after the record is filed.
	Y 24 2010
Dated_	Y 24 2019
Dated_	
	\.\ta\<
	Signature of a member or authorized representative of a member
	JUSTIN RAY / President
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00