

L18000283640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

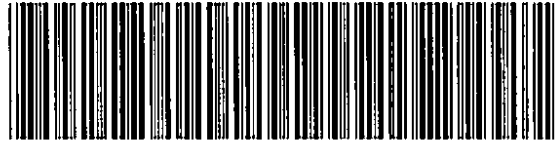
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200326490872

03/22/19--10:14--012 \*\*25.00

FILED  
2019 MAR 22 PM 2:03  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 03 2019

**Edward W. Becht, P.A.**

ATTORNEY AT LAW

321 South Second Street

Fort Pierce, Florida 34950

Telephone: 772-465-5500

Fax: 772-465-8909

edbecht@bechtlaw.com

March 15, 2019

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

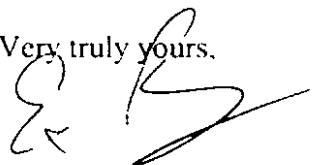
**RE: Sunrise Tax Solutions, LLC**  
**Document No. L18000283640**

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of Sunrise Tax Solutions, LLC, to be filed with the Division of Corporations together with this firm's check in the amount of \$25.00 for the cost of filing same.

Should you require anything further, please do not hesitate to contact me.

Very truly yours,



Edward W. Becht

EWB/clc  
Enclosures

FILED  
2019 MAR 22 PM 2:03  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUNRISE TAX SOLUTIONS, 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:

MARK C. FLOYD

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1901 S. HEADER CANAL ROAD

\_\_\_\_\_  
Address

FORT PIERCE, FL 34945

\_\_\_\_\_  
City/State and Zip Code

viper2U@msn.com

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

For further information concerning this matter, please call:

EDWARD W. BECHT, ESQ.

772 465-5500  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

FILED  
2019 MAR 22 PM 2:03  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SUNRISE TAX SOLUTIONS, 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 December 11, 2018 and assigned  
Florida document number L18000283640.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SUNRISE TAX SOLUTIONS 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:

(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*

*City*

*Florida*

*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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <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 |
| _____        | _____       | _____          | <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 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

1997  
1998  
1999  
2000  
2001  
2002  
2003  
2004  
2005  
2006  
2007  
2008  
2009  
2010  
2011  
2012  
2013  
2014  
2015  
2016  
2017  
2018  
2019  
2020  
2021  
2022  
2023  
2024  
2025  
2026  
2027  
2028  
2029  
2030  
2031  
2032  
2033  
2034  
2035  
2036  
2037  
2038  
2039  
2040  
2041  
2042  
2043  
2044  
2045  
2046  
2047  
2048  
2049  
2050  
2051  
2052  
2053  
2054  
2055  
2056  
2057  
2058  
2059  
2060  
2061  
2062  
2063  
2064  
2065  
2066  
2067  
2068  
2069  
2070  
2071  
2072  
2073  
2074  
2075  
2076  
2077  
2078  
2079  
2080  
2081  
2082  
2083  
2084  
2085  
2086  
2087  
2088  
2089  
2090  
2091  
2092  
2093  
2094  
2095  
2096  
2097  
2098  
2099  
2100  
2101  
2102  
2103  
2104  
2105  
2106  
2107  
2108  
2109  
2110  
2111  
2112  
2113  
2114  
2115  
2116  
2117  
2118  
2119  
2120  
2121  
2122  
2123  
2124  
2125  
2126  
2127  
2128  
2129  
2130  
2131  
2132  
2133  
2134  
2135  
2136  
2137  
2138  
2139  
2140  
2141  
2142  
2143  
2144  
2145  
2146  
2147  
2148  
2149  
2150  
2151  
2152  
2153  
2154  
2155  
2156  
2157  
2158  
2159  
2160  
2161  
2162  
2163  
2164  
2165  
2166  
2167  
2168  
2169  
2170  
2171  
2172  
2173  
2174  
2175  
2176  
2177  
2178  
2179  
2180  
2181  
2182  
2183  
2184  
2185  
2186  
2187  
2188  
2189  
2190  
2191  
2192  
2193  
2194  
2195  
2196  
2197  
2198  
2199  
2200  
2201  
2202  
2203  
2204  
2205  
2206  
2207  
2208  
2209  
2210  
2211  
2212  
2213  
2214  
2215  
2216  
2217  
2218  
2219  
2220  
2221  
2222  
2223  
2224  
2225  
2226  
2227  
2228  
2229  
2230  
2231  
2232  
2233  
2234  
2235  
2236  
2237  
2238  
2239  
2240  
2241  
2242  
2243  
2244  
2245  
2246  
2247  
2248  
2249  
2250  
2251  
2252  
2253  
2254  
2255  
2256  
2257  
2258  
2259  
2260  
2261  
2262  
2263  
2264  
2265  
2266  
2267  
2268  
2269  
2270  
2271  
2272  
2273  
2274  
2275  
2276  
2277  
2278  
2279  
2280  
2281  
2282  
2283  
2284  
2285  
2286  
2287  
2288  
2289  
2290  
2291  
2292  
2293  
2294  
2295  
2296  
2297  
2298  
2299  
2300  
2301  
2302  
2303  
2304  
2305  
2306  
2307  
2308  
2309  
2310  
2311  
2312  
2313  
2314  
2315  
2316  
2317  
2318  
2319  
2320  
2321  
2322  
2323  
2324  
2325  
2326  
2327  
2328  
2329  
2330  
2331  
2332  
2333  
2334  
2335  
2336  
2337  
2338  
2339  
2340  
2341  
2342  
2343  
2344  
2345  
2346  
2347  
2348  
2349  
2350  
2351  
2352  
2353  
2354  
2355  
2356  
2357  
2358  
2359  
2360  
2361  
2362  
2363  
2364  
2365  
2366  
2367  
2368  
2369  
2370  
2371  
2372  
2373  
2374  
2375  
2376  
2377  
2378  
2379  
2380  
2381  
2382  
2383  
2384  
2385  
2386  
2387  
2388  
2389  
2390  
2391  
2392  
2393  
2394  
2395  
2396  
2397  
2398  
2399  
2400  
2401  
2402  
2403  
2404  
2405  
2406  
2407  
2408  
2409  
2410  
2411  
2412  
2413  
2414  
2415  
2416  
2417  
2418  
2419  
2420  
2421  
2422  
2423  
2424  
2425  
2426  
2427  
2428  
2429  
2430  
2431  
2432  
2433  
2434  
2435  
2436  
2437  
2438  
2439  
2440  
2441  
2442  
2443  
2444  
2445  
2446  
2447  
2448  
2449  
2450  
2451  
2452  
2453  
2454  
2455  
2456  
2457  
2458  
2459  
2460  
2461  
2462  
2463  
2464  
2465  
2466  
2467  
2468  
2469  
2470  
2471  
2472  
2473  
2474  
2475  
2476  
2477  
2478  
2479  
2480  
2481  
2482  
2483  
2484  
2485  
2486  
2487  
2488  
2489  
2490  
2491  
2492  
2493  
2494  
2495  
2496  
2497  
2498  
2499  
2500  
2501  
2502  
2503  
2504  
2505  
2506  
2507  
2508  
2509  
2510  
2511  
2512  
2513  
2514  
2515  
2516  
2517  
2518  
2519  
2520  
2521  
2522  
2523  
2524  
2525  
2526  
2527  
2528  
2529  
2530  
2531  
2532  
2533  
2534  
2535  
2536  
2537  
2538  
2539  
2540  
2541  
2542  
2543  
2544  
2545  
2546  
2547  
2548  
2549  
2550  
2551  
2552  
2553  
2554  
2555  
2556  
2557  
2558  
2559  
2560  
2561  
2562  
2563  
2564  
2565  
2566  
2567  
2568  
2569  
2570  
2571  
2572  
2573  
2574  
2575  
2576  
2577  
2578  
2579  
2580  
2581  
2582  
2583  
2584  
2585  
2586  
2587  
2588  
2589  
2590  
2591  
2592  
2593  
2594  
2595  
2596  
2597  
2598  
2599  
2600  
2601  
2602  
2603  
2604  
2605  
2606  
2607  
2608  
2609  
2610  
2611  
2612  
2613  
2614  
2615  
2616  
2617  
2618  
2619  
2620  
2621  
2622  
2623  
2624  
2625  
2626  
2627  
2628  
2629  
2630  
2631  
2632  
2633  
2634  
2635  
2636  
2637  
2638  
2639  
2640  
2641  
2642  
2643  
2644  
2645  
2646  
2647  
2648  
2649  
2650  
2651  
2652  
2653  
2654  
2655  
2656  
2657  
2658  
2659  
2660  
2661  
2662  
2663  
2664  
2665  
2666  
2667  
2668  
2669  
2670  
2671  
2672  
2673  
2674  
2675  
2676  
2677  
2678  
26

FILED  
2019 MAR 22 PM 2:03  
CLERK OF DISTRICT COURT  
JANUARY 2019

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)


(If an effective 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:** 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated March 14, 2019

  
Signature of a member

Signature of a member or authorized representative of a member

MARK C. FLOYD, MANAGER

Typed or printed name of signee