

h20 0000 19077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

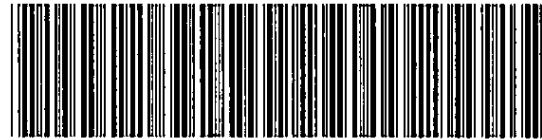
(Business Entity Name)

(Document Number)

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*Amended*

07/22/21--01014--005 \*\*30.00

SECRETARY OF STATE  
RECEIVED

2021 JUL 22 AM 8:33

FILED

AUG 09 2021

A RAMSEY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** "THE TAX EXPERTS & ASSOCIATES 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:

ALEXIS ALLEN

Name of Person

"THE TAX EXPERTS & ASSOCIATES LLC"

Firm/Company

P.O. BOX 925137

Address

PRINCETON, FL.. 33032

City/State and Zip Code

INFO@THETAXEXPERTSMIAMI.COM

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

For further information concerning this matter, please call:

ALEXIS ALLEN at ( 786 ) 403-7829  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

"THE TAX EXPERTS & ASSOCIATES LLC"

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2021 JUL 22 AM 8:33  
CLERK OF THE STATE  
TREASURY DEPARTMENT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/13/2020 and assigned  
Florida document number L20000019077.

This amendment is submitted to amend the following:

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

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)**

THE TAX EXPERTS & ASSOCIATES LLC.

4530 S. Orange Blossom Trail #922

Orlando, FL 32839

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

THE TAX EXPERTS & ASSOCIATES LLC.

P.O. BOX 925137

PRINCETON, FL 33092

**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:

ALEXIS ALLEN

New Registered Office Address:

4530 S. Orange Blossom Trail #922

*Enter Florida street address*

Orlando

*City*

Florida

32839

*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 S DIXIE HWY	<input type="checkbox"/> Add
		MIAMI, FL 33170	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXIS ALLEN	4530 S. Orange Blossom Trail #922	<input checked="" type="checkbox"/> Add
		Orlando, FL 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Please remove Sanjo G. Allen from al parts of the busniess. Thank you.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 07/20/2021 (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 July 20th 2021

Signature of a member or authorized representative of a member

ALEXIS ALLEN

Typed or printed name of signee