

9/9/22

L22 000 231 023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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# Tax Professional Services, LLC

A Financial Services Corporation

1105 W Maple Ave

Geneva, Al. 36340

334-684-6398

334-684-7193 -fax

[www.taxprollc.com](http://www.taxprollc.com)

*Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers*

August 31, 2022

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL. 32314

To Whom It May Concern,

Enclosed you will find: original and one copy of the Articles of Amendment, check for payment and a self-addressed & stamped envelope.

Please register the enclosed Articles of Amendment for Alaflo Fencing, LLC and return to us in self-addressed envelope provided Cert#: 7020 1290 0002 0274 8121.

Thank you,

*Candace Pollard*

Tax Professional Services, LLC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alaflo Fencing, 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:

Candace Pollard

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

Tax Professional Services, LLC

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

1105 W Maple Ave

\_\_\_\_\_  
Address

Geneva, AL 36340

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

candace.pollard@taxprollo.com

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

For further information concerning this matter, please call:

Candace Pollard

334 684-6398  
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 Address:**

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

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

**If Changing Registered Agent, Signature of New Registered Agent**

MGR = Manager  
AMBR = Authorized Member

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Seth Standland	383 Burgess Trail	<input type="checkbox"/> Add
		Defuniak Springs, FL 32433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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.

(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)

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.

Amel A. Durr

Samuel A Dunn

Typed or printed name of signee