L22 000282213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☒ MAIL

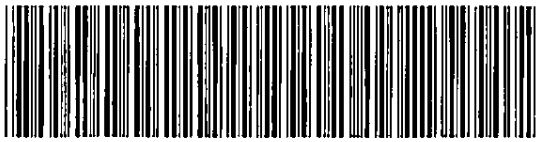
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2023 APR 21 AM 9:3

2023 APR 21 PM 5:00

RECEIVED

2 : 2023

COVER LETTER

Registration Section
Division of Corporations

FROM: Tax Professors & multi services LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Qushaun Mickle
Name of Person

Tax Professors & multi service LLC
Firm/Company

4868 magnolia Ave u
Address

Winter Park FL 32792
City/State and Zip Code

Shaun.mickle@thetaxbrothers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Qushaun Mickle at (689) 255-3535
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 APR 21 AM 9:30

Tax Professes & multi Services LLC

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

Articles of Organization for this Limited Liability Company were filed on _____ and assigned

document number _____

Amendment is submitted to amend the following.

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

_____

The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4868 Magnolia Ave
Winter Park FL 32792

If new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4868 magnolia Ave
winter Park FL 32792

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: Shereka Lewis

New Registered Office Address: 4868 Magnolia ave
Enter Florida street address

Winter Park, Florida 32792
City *Zip Code*

If 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

Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

M = Manager
AM = Authorized Member

	Name	Address	Type of Action
AMbr	Shereka Lewis	4868 magnolia ave Winter Park FL 32792	☑ Add
			☐ Remove
			☐ Change
AMbr	Qushaun Mickle	415 E.P.k st APT 72 Orlando FL 32801	☐ Add
			☑ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Effective date, if other than the date of filing: _____ (optional)

(If 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) Reg: 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.

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 date it is filed.

Dated 9/21/23

Signature of a member or authorized representative of a member

Qushawn Mickle

Typed or printed name of signee

Filing Fee: $25.00