623000515603

(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



200430113922

05/21/24 +01081--025 **25.00

, i

05/2//2/

COVER LETTER

	Registration S Division of Co			
SUBJEC		Heroes, LLC		
SUBJEC	· • · · · · · · · · · · · · · · · · · ·	Name of Lin	mited Liability Company	_
The encle	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	r to the following:	
		Latisa Lynch		
			Name of Person	
		Tax Time Heroes, LLC	Name of Limited Liability Company adment and fec(s) are submitted for filing. the concerning this matter to the following: atisa Lynch Name of Person ax Time Heroes, LLC Firm/Company 402 4th Street North Ste. 300 Address Petersburg, FL 33702 City/State and Zip Code o@taxtimeheroes.com E-mail address: (to be used for future annual report notification) ing this matter, please call: 1	
			Firm/Company	
		7402 4th Street North Ste.	. 300	•
			Address	
	Name of Person Tax Time Heroes, LLC Firm/Company 7402 4th Street North Ste. 300 Address St. Petersburg, FL 33702 City/State and Zip Code Info@taxtimeheroes.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: sa Lynch 813 205-6671			
			City/State and Zip Code	-
		Info@taxtimeheroes.com		; • -
For furthe	r information c		,	- 3
Latisa Ly			813 205-6671	
	Name o	f Person		ber
Enclosed i	is a check for th	e following amount:		
\$25.00	0 Filing Fee	\$30.00 Filing Fee &	Certified Copy Certifical Copy is enclosed) Certifical Certificational Copy is enclosed)	cate of Status & ed Copy
R D	Initing Address Registration S Division of Co. O. Box 632	ection orporations	Registration Section Division of Corporations	
	allahassee, F		2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tax Time Heroes, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our lorida Limited Liability Company)	records,)
The Articles of Organization for this Limited Liabil	ity Company were filed on 11/14/2023	and assigned
Florida document number L2300515603		and assigned
This amendment is submitted to amend the followin		
A. If amending name, enter the new name of the	limited liability company here:	
Lynch TSB 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 applicables		
(Principal office address MUST BE A STREET AL	ODPECC)	
	 	
Enter new mailing address, if applicable:		. •
Mailing address MAY BE A POST OFFICE BOX		F 3
		<u> </u>
B. If amending the registered agent and/or registered and/or the new registered office address her	ered office address on our records, <u>e</u>	nter the name of the new registers
gene and of the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	dross
	Cin:	, Florida

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove

		· · · ·		
	·		···· - • · · · · · · · · · · · · · ·	
*				
	<u> </u>			
				
				
			· · · · · · · · · · · · · · · · · · ·	
				
				- 1
		<u> </u>		<u></u>
			<u> </u>	<u></u>
				
ffective date, if other than the date an effective date is listed, the date must be s	e of filing:		(optional)	
ote: It the once inserted in this plock of	does not meet the applical	odate of filing or more than sole statutory filing require	00 days after filing.) Purs ements, this date will:	mant to 605.0207 not be listed as
ocument's effective date on the Depart	ment of State's records.			
record specifies a delayed effective dat	a but not an afficiencies sim	12.01	1' 6 (I) 7T 00	
is filed.	e, out not an effective tin	le, at 12:01 a.m. on the ea	rner of: (b) The 90t	n day after the
A 1 7.1	2024			
ated April 21	2024			
	1			
A A U 11 1// 1 \	•			
Sign	ature of a member or authori	zed representative of a men	ber	

Filing Fee: \$25.00