## Lo400037431

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only otator Elph Hollo II)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200157339732

06/22/09--01023--001. \*\*25.00

2009 JUN 22 AM II: 15
SECRETARY OF STATE

T. CLINE JUN 2 3 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration So Division of Con					
SUBJECT:		Change to LLC			
	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	_			
		Carl Hanton			
		Name of Person			
	Premiere Tax & Accounting, LLC				
	Firm/Company				
	25	47 FO I A 144 31 400			
	3547 53rd Av. W., # 122				
			₹	2	
Bradenton, FL 34210				7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	City/State and Zip Code				
	carlhanton@aol.com  E-mail address: (to be used for future annual report notification)			H 22 A	
For further information of	oncerning this matter, please c	·	က်ခ		
To Turtue momation e	oncerning tins matter, piease e	aii.	720-4282 720-4282	= (	
	arl Hanton	at ( 941 )	720-4282	-5	
Name o	f Person	Area Code & D	aytime Telephone Number		
Enclosed is a check for the \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is end	Certificate of Status closed) Certified Copy (additional copy is		
	ING ADDRESS: ation Section	STREET/CO Registration	DURIER ADDRESS: Section		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P	remiere Tax	Service, LLC	<u> </u>		
( <u>Name of the Limite</u> (	d Liability Compa A Florida Limited	nny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited	were filed on	05/17/2004	and assigne	d	
Florida document number L0400003	37431				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lial	bility company he	<u>re</u> :		
Pre	emiere Tax & A	ccounting, LLC	<b>,</b>		
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Comp	any," the designation "	LLC" or the abbre	viation
Enter new principal offices address, if appli	N/A		= -		
(Principal office address MUST BE A STREET ADDRESS)				DD9 SEC	
				AR JU	****
				122 [AR] ASS	- PACKETH
Enter new mailing address, if applicable:	N/A		E O Y	1	
(Mailing address MAY BE A POST OFFICE		•	FLS]	( Carrieda (	
				RICE -	·
				<b>&gt;</b>	
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on re:	our records, enter	the name of th	e new
	N1/A				
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A		<del>-</del>		
	nter Florida street add	iress			
		City		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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Add Remove			
			Add			
-			Remove			
			ARY O			
			All Remove 5			
		÷	Add			
			Remove			
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)				
_			<del></del>			
· —						
_		·	_ <del></del>			
Dated	·	<u></u>	<del></del>			
	Signature of a member	or authorized representative of a member				
	-	Carl Hanton				
	Typed	or printed name of signee	<u></u>			

Page 2 of 2

Filing Fee: \$25.00