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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	te Tax Advisory Group, LLC					
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Bruce C. Longman					
		Name of Person				
Jacksonville Tax Advisory Group, LLC						
		Firm/Company		_		
	10950 San Jose Blvd., Ste	60-316				
		Address				
	Jacksonville, FL 32223		·	2023 F SECR	تمثانيا	
		City/State and Zip Code		ETA FLA EB -	ermer & Cantre	
	jaxtax1040@yahoo.com	to be used for future annual report notifi	ication)	-1 -1	g grayara	
For further information of	concerning this matter, please c	·	,	SECTION OF		
Bruce C. Longman		904 262-2737		FATE FATE		
Name o	of Person		Telephone Number	er		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) Certified Cop (additional copy					
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 2, 2004 and assigned Florida document number _____L04000049634 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." 10950 San Jose Boulevard Enter new principal offices address, if applicable: Suite 60 - 316 (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32223 10950 San Jose Boulevard Enter new mailing address, if applicable: Suite 60 - 316 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32223 ÇĦ 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: New Registered Office Address: Enter Florida street address , Florida ___ City

New Registered Agent's Signature, if changing Registered Agent:

Jacksonville Tax Advisory Group, LLC

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>	Type of Action
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