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DIVISION OF CORPORATION

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DEC - 8 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor		!		
SUBJI	ЕСТ:	ALL TRU Name of Limit	led Liability Company	0	<u></u>
The en	closed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please	return all corresponde	Name of Limited Liability Company Idential and fee(s) are submitted for filing. In concerning this matter to the following: LYUBA YOUNG Name of Person COLLEGE, TAX AND RETIREMENT STRATEGIES, LLC Firm/Company 3110 SPRING GLEN RD Address JACKSONVILLE FL 32207 City/State and Zip Code E-mail address: (to be used for future annual report notification) Ining this matter, please call: YOUNG at (904) 396-6777 Area Code & Daytime Telephone Number			
	-				
	-	COLLEGE, TAX A	ND RETIREMENT	STRATEGIES	S, LLC
	-	31	The fee(s) are submitted for filing. In this matter to the following: LYUBA YOUNG Name of Person E, TAX AND RETIREMENT STRATEGIES, LLC Firm/Company 3110 SPRING GLEN RD Address JACKSONVILLE FL 32207 City/State and Zip Code Inter, please call: at (904) 396-6777 Area Code & Daytime Telephone Number See of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		
		JAC	CKSONVILLE FL 32	2207	
	-	E-mail address: (t	to be used for future annual	report notification)	
For fu	rther information conc	erning this matter, please c	eall:		
	LYUB. Name of Pe	A YOUNG rson	at (<u>904</u>) Area Cod	396-6 e & Daytime Telepl	6777 hone Number
Enclos	sed is a check for the f	ollowing amount:			
√ \$2	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	Certified Copy	_	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	L TRUST LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear	rs on our records.)		
(A i ioilua	Elittica Elability Company)			
The Articles of Organization for this Limited Liability	Company were filed on	08/10/2004	and assign	ned
Florida document numberL0400059503	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	nited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			رين حيب
			96(
			EC	圣荒
Enter new mailing address, if applicable:			-7	
(Mailing address MAY BE A POST OFFICE BOX)	0			
	.		Ņ	<u> </u>
			(C)	
brida document number L0400059503 Loss amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." After new principal offices address, if applicable: The new mailing address, if applicable: Later new mailing address MAY BE A POST OFFICE BOX)				
Name of New Registered Agent:				
New Registered Office Address:				
-	En	ter Florida street addi	ress	
		, Florida		
	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

MGR = Mai MGRM = M	nager Ianaging Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM	STEPANOV, OLGA	9937 INDIAN RD JACKSONVILLE FL 32208	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amend 	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necesso	SECRETARY BIVISION OF C 09 DEC -7
 ated <u> </u>	130/09 Alvi		PH 2: 58

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Filing Fee: \$25.00