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COVER LETTER

Division of Corporations
SUBJECT: Parkers Tax & NUTARY Service L.L.C.
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela Parker-Sm:4h Name of Person
Parker's Integrity toxx + Nutary Services CLC Firm/Company
P.O. BOX 614326 Address
Oll Ando FC 32861
City/State and Zip Code Parker + px 1040 @ yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Prysela Parter Sm. H at 321, Lega Le443 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Nothern Service L.L.C. inv as it now appears on our records.) Liability Company)
iny as it now appears on our records.) Ciability Company)
were filed on July 13, 2006 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
5358 OIDWINHErbriden Ro
OLIANDO FL 32811
P.O. BOX 616326 Ochando, FL 32861
ffice address on our records, <u>enter the name of the new</u>
Enter Florida street address
, Florida
City Zip Code
ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, This document is address, I hereby confirm that the limited limited by

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
		***************************************	□ Change
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Effective date, if other fan effective date is listed Note: If the date inserdocument's effective d	d, the date must be spec rted in this block doe:	affic and cannot be properties and meet the app	or to date of filing or i licable statutory fili	nore than 90 days after f	iling.) Pursuant to	605.0207 (' listed as tl
e record specifies The 90th day aft			not an effective	time, at 12:01 a.	m. on the ea	arlier of:
Dated 4	18 / 20	017	Oh S	Al	17 APR SECRET TALLAH	71
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Filing Fee: \$25.00