

LD1000005718

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB -4 2010

**EXAMINER**

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02/01/10--01005--020 \*\*90.00

**FILED**

10 FEB -3 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BUDGETAX PONDELLA LLC  
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:

ARUN PARAMESWARAN

Name of Person

ASTUTANT CORPORATION

Firm/Company

1430 ROYAL PALM SQUARE BLVD STE 103

Address

FORT MYERS, FL 33919

City/State and Zip Code

aruniyer@astutant.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARUN PARAMESWARAN

Name of Person

at ( 239 )

481-5800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### 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**

**BUDGETAX PONDELLA LLC**

(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 01/17/2007 and assigned  
Florida document number L07000005718.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ASTUTANT PONDELLA LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

136 PONDELLA RD

NORTH FORT MYERS, FL 33903

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME AS PRIOR ADDRESS

**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:

ASTUTANT CORPORATION

New Registered Office Address:

1430 ROYAL PALM SQUARE BLVD STE 103

*Enter Florida street address*

FORT MYERS

*City*

Florida

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**3819**  
**01-17-07**  
**3:00 PM**  
**3819**  
**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. 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.*

*[Signature]*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

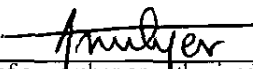
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ASTUTANT CORPORATIO	1430 ROYAL PALM SQUARE BLVD STE 103 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JANUARY 1, 2009



Signature of a member or authorized representative of a member

ARUN PARAMESWARAN

Typed or printed name of signee

**FILED**  
 10 FEB - 3 PM 3:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA