

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE TAX COMPANY, LLC

Account Number : I2007000061

Fax Number

Phone : (954)725-0900

: (954)678-4770

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CROWN FINANCIAL SERVICES, LLC

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M. THOMAS

DEC 23 2008

EXAMINER

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COVER LETTER *

TO: Registration S Division of Co					
SUBJECT:	CROWN FINAN	NCIAL SERVICES, LLC			
	(Name of Lim	(Name of Limited Liability Company)			
	Amendment and fee(s) are sub				
		MICHAEL D. YOUNG			
		(Name of Person)	*		
	CROWN	FINANCIAL SERVICES, LLC			
		(Firm/Company)			
		IL COOR ON THE COOR ASS			
461 E. HILLSBORO BLVD. STE. 2					
		(Made Say)8. 1.8 1.8 1.8 1.8		
DEF		RFIELD BEACH, FL 33441			
		(City/State and Zip Code)	08 DEC 22 SECRETARY FALLAHASSE		
For further information	concerning this matter, please co	all:	AH &: L		
\$ELOM!	ITE MEDEIROS	at (954) 725-0900			
	of Person)	(Arca Gode & Daytime To	elephone Number)		
Enclosed is a check for t	he following amount:				
2 \$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)		
	ING ADDRESS:	STREET/COURIER	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H08000274590 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROWN FINANCIAL			
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now apper iability Company)	ars on our records.	
The Articles of Organization for this Limited Liability Company Florida document numberL07000110361	were filed on	10/31/2007 an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	re:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	eany," the designation "LLC" or	දිරී ලා
Enter new principal offices address, if applicable:	481 E. H	ILLSBORO BLVD. STE	CC DE 200 CC
(Principal office address MUST BE A STREET ADDRESS)	DEERI	FIELD BEACH, FL 33441	22 E
Enter new mailing address, if applicable:	481 E. H	ILLSBORO BLVD. ST	G 800 € Spo 60: E
(Mailing address MAY BE A POST OFFICE BOX)	DEERI	FIELD BEACH, FL 3341	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	our records, enter the nat	ne of the new
	. Florida		
,	(City)	,,	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)

Page 1 of 2

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>	Name	Address	Type of Action
MGRM	ELLIOTT HOLDING CORP	8761 WILES RD #106 CORAL SPRINGS, FL 33067	Add Remove
			Add Remove
			Add 00
			STATE OF LOAD
			Add — Remove
D. If amendi	ng any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	Add Remove
			- -
			- -
Dated	DECEMBER 22 , 2	008 8 1,44	
-		MICHAEL D. YOUNG ped or printed name of signee	

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Filing Fee: \$25.00