Division of Corporation

Florida Department of State

Division of Corporations Public Access System

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(((H08000136713 3)))



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TO:

Division of Corporations

Fax Number : (850)617-6383

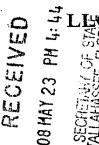
From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323) 962-8600

Fax Number

: (323)962-3889



₽€ AMND/RESTATE/CORRECT OR M/MG RESTG

TAXES PAID FOR LIFE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

5/23/2008

FAX COVER SHEET

ТО		
COMPANY		
FAX NUMBER	18506176383	
FROM	Francyne Carrillo	
DATE	2008-05-23 18:55:44 GMT	
RE "	FW: 18506176383	

COVER MESSAGE

---Original Message----

From: FCARRILLO@LEGALZOOM.COM [mailto:fcarrillo@legalzoom.com]

Sent: None

To: FCARRILLO@LEGALZOOM.COM

Subject: 18506176383

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Taxes Paid for Life, LLC					
(Name of Lim	ited Liability Company)	······································			
••					
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondence concerning this matter	to the following:	•			
Francyne Carrillo					
	(Name of Person)				
Legalzoom.com, Inc.					
	(Firm/Company)				
7083 Hollywood Blvd., Suite 180					
	(Address)				
Los Angeles, CA 90028					
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
San and Openilla	200 000 0000				
Francyne Carrillo at (323) 962-8600 (Name of Person) (Area Code & Daytime Telephone Number)		'elephone Number)			
Enclosed is a check for the following amount:					
\$30.00 Filing Fee \$Certificate of Status	S55.00 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

To:

FILED 08 MAY 23 AH 7: 56 SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taxes Paid for Life, LLC		
(Name of the Limited Liabit (A Florid	lity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 03/27/2	008 and assigned
Florida document number <u>L08000031437</u>	•	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the value. L.C." B. If amending the registered agent and/or regregistered agent and/or the new registered office agent.	distered office address on our r	ū
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address) Florida (City) (Ziv Code)	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered ages 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)

To: Page 5 of 5

. . . .

2008-05-23 18:57:39 (GMT)

13234467502 From: Francyne Carrillo

05/21/2008 01:43

MGR = Manager

:43 2395910118

WILLIAM NOLL

EG BOAR

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

MGRM = Managing Member Title Name Address Type of Action MGRM Richard Noll 6888 Trail Blvd Naples, FL 34108 Remove] Add Remove □Add Remove DbA[Remove DAdd Remove DbA⊡ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets. (Incoassary.) b y diffe مح ن ورح Main 20 Dated_ 26 a member or authorized representative of a member William Noll, Member

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00