## L08000084088

| (Requestor's Name)                      |         |  |  |  |
|---|---------|--|--|--|
| (Address)                               |         |  |  |  |
| · (Address)                             | <u></u> |  |  |  |
| (City/State/Zip/Phone #)                |         |  |  |  |
| PICK-UP WAIT MAIL                       |         |  |  |  |
| (Business Entity Name)                  |         |  |  |  |
| (Document Number)                       |         |  |  |  |
| Certified Copies Certificates of Status |         |  |  |  |
| Special Instructions to Filing Officer: |         |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |         |  |  |  |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

| TO: Registration So<br>Division of Con |  |   |  |
|--|--|---|--|
| SUBJECT:                               | American Ta                                | ax Connection, LLC  |  |
|  |  | ted Liability Company                                       |  |
| The enclosed Articles of               | Amendment and fee(s) are sub               | omitted for filing.   |  |
| Please return all correspo             | ondence concerning this matter             | to the following:   |  |
|  |  | Edward Carlton  |  |
|  |  | Name of Person  |  |
| •                                      | Ameri                                      | can Tax Connection, L                                       | LC   |
|  |  | Firm/Company  | -  |
|  | 7948 Ba                                    | ay Meadows way, Suite                                       | 300  |
|  |  | Address   |  |
|  | Jac  | ksonville, Florida 3225                                     | 3  |
|  |  | City/State and Zip Code                                     |  |
|  | E-mail address: (                          | to be used for future annual repor-                         | notification)  |
| For further information of             | concerning this matter, please of          | call:   |  |
|  | ward Carlton                               | at ( 904 )  | 415- 7914  |
| Name o                                 | of Person                                  | Area Code & D   | aytime Telephone Number  |
| Enclosed is a check for t              | the following amount:                      |   |  |
| \$25.00 Filing Fee                     | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is end | \$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

FILEC

American Tax Connection, LLC (Name of the Limited Liability Company as it now appears on part (A Florida Limited Liability Company) September 3, 2008 and assigned The Articles of Organization for this Limited Liability Company were filed on L08000084088 Florida document number This amendment is submitted to amend the following: A. 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 "L.L.C." 7948 Bay Meadows way, Suite 300 Enter new principal offices address, if applicable: Jacksonville, Florida 32256 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Zip Code City

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 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 = Mar<br>MGRM = M | nager<br>Ianaging Member               |  |   |
|-----------------------|--|--|---|
| <u> Fitle</u>         | <u>Name</u>                            | Address  | Type of Action                              |
| MGR_                  | Douglas V. Bowes                       | 278 Ridge Drive<br>Naples, Florida 34108                       | Add Remove                                  |
| MGR_                  | Edward Carlton                         | 7949 Baymeadows Way - suite 300<br>Jacksonville, Florida 32256 | ✓ Add Remove                                |
| <u>. ·</u>            |  |  | Add Remove                                  |
|                       |  |  | Add Remove                                  |
|                       |  |  | Add Remove                                  |
|                       |  |  | Add<br>Remove                               |
| D. If amend           | ling any other information, enter chan | ge(s) here: (Attach additional sheets, if necessary.)          | 30.   |
|                       |  | Allabore   | FILED  O JUL 15 PH 2: 2:  EGRETARY OF STATE |
| Dated                 | S                                      | 010  | <b>25</b>                                   |
|                       | $\cup$                                 | Oouglas V. Bowes   | <del></del>                                 |

Page 2 of 2

Filing Fee: \$25.00