

C08 000084088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

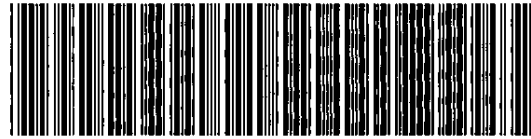
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T. CLINE

SEP 27 2010

EXAMINER

2010 SEP 24 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

25

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERIGUARD TAX SERVICES, 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:

MITCHEL KROUSE

Name of Person

AMERIGUARD TAX SERVICES, LLC

Firm/Company

7948 BAYMEADOWS WAY SUITE 300

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

MKROUSE@AMERIGUARDTAX.COM

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

For further information concerning this matter, please call:

MITCHEL KROUSE

Name of Person

at (941)

993-0553

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

AMERIGUARD TAX SERVICES, 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 9/3/2008 and assigned
Florida document number L08000084088.

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."

Enter new principal offices address, if applicable:

(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:

MITCHEL KROUSE, ESQ.

New Registered Office Address:

7948 BAYMEADOWS WAY SUITE 302

Enter Florida street address

JACKSONVILLE

, Florida

32256

City

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. 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

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>
MGRM	KROUSE, M	7948 BAYMEADOWS WAY SUITE 300 JACKSONVILLE, FL 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PINNICK, C	7948 BAYMEADOWS WAY SUITE 300 JACKSONVILLE, FL 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDWARD CARLTON	7948 BAYMEADOWS WAY SUITE 300 JACKSONVILLE, FL 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AMERIGUARD, INC.	7948 BAYMEADOWS WAY SUITE 300 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 SEPTEMBER 16, 2010



Signature of a member or authorized representative of a member

C. PINNICK

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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