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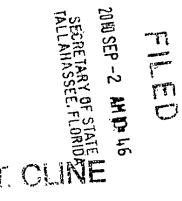
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EXAMINER

COVER LETTER

Registration Section

Division of Co	orporations		
CUBICT.	The Financial	& Tax Planning, LLC.	
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Moises Alvarez	
		Name of Person	
	The Fin	ancial & Tax Planning, LLC.	
		Firm/Company	7. 27
	417 Center Pointe Circle Suite 1737		SEC I
		Address	是 中
	Altar	monte Springs, FL 32701	20 0 SEP -2 M D 46 SECRETARY OF STATE TALLAHASSEE, FLORID
		City/State and Zip Code	BF S
	E-mail address: (ountant@taxcareinc.com to be used for future annual report notification	
For further information	concerning this matter, please of	•	
	loises Alvarez	at (4-0861
Name	e of Person	Area Code & Daytime Tel	ephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIER Registration Section Division of Corporation Clifton Building	
Tallahassee, FL 32314		2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Financial &Ta	ax Planning, Ll	<u>-C.</u>	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	Florida	and assigned
Florida document numberL0900008680			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here	:	TALL.
The new name must be distinguishable and end with the words "Lim. L.L.C."	ited Liability Compan	y," the designation '	"HIC" or the abbreviati
Enter new principal offices address, if applicable:	6308 Clearme	adow Ct	mg :
(Principal office address MUST BE A STREET ADDRESS)	Windermere, F	FL 34786	T S T
			ATE A
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ır records, <u>enter</u>	the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street aa	ldress
		, Florida	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>: MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove D

			Remove
	_	SECRETARY OF STATE AND A SEE. FLORIDA	5 5
D. If amend	ling any other information	a, enter change(s) here: (Attach additional sheets, if necessary.)	Add Remove
Dated	August 26	, <u>2010</u>	
	Signatu	President Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00