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SECRETARY OF STATE
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C. LEWIS
NOV 1 9 2009
EXAMINER

COVER LETTER

TAX TAX TAX 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: Chalmers Lembrick Name of Person	
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Chalmers Lembrick Name of Person	
Name of Person	
Name of Person	
TAVTAVILO	
TAX TAX LLC	
Firm/Company	
14895 NE 18TH AVE APT 3G	
Address	
NORTH MIAMI, FL 33181	
City/State and Zip Code	
taxtaxtax@ymail.com E-mail address: (to be used for future annual report notification)	
·	
For further information concerning this matter, please call:	
Chalmers Lembrick at (914) 490-7765	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	••

TO:

Registration Section

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

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SECRETARY OF STATE LAHASSEE, FLORIDA TAX TAX TAX LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) 7/16/2009 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned LO900068697 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." 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
<u>P</u>	Chalmers Lembrick	9400 Little River Blvd Miami FL, 33147	Add Remove
			Add Remove
			— D
D. If amen	nding any other information, enter c	hange(s) here: (Attach additional sheets, if neces.	sary.)
			TASEC T
Dated	Signature of a me	amber or authorized representative of a member	TALLAHASPE, FLARIS
	_ C Na!	yped or printed name of signee Page 2 of 2	STATE

Filing Fee: \$25.00