## L09000117688

| (Re                     | equestor's Name)     |          |
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|                         |                      |          |
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| (Ci                     | ty/State/Zip/Phone # | ř)       |
|                         |                      |          |
| ☐ PICK-UP               | WAIT                 | MAIL     |
|                         |                      |          |
| (Bu                     | isiness Entity Name  | )        |
|                         |                      |          |
| (De                     | ocument Number)      |          |
| (1)                     | ocument Number)      |          |
| •                       |                      |          |
| Certified Copies        | _ Certificates o     | f Status |
|                         |                      |          |
| Special Instructions to | Filing Officer       |          |
| Special instructions to | Filling Officer.     |          |
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Office Use Only



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C. LEWIS
DEC 1 7 2009
EXAMINER

## **COVER LETTER**

| SUBJECT:                 | Taλ  | Kpert, LLC  |   |
|--------------------------|--|---|---|
|                          | Name of Limi                               | ted Liability Company   |   |
| The enclosed Articles    | of Amendment and fee(s) are sub            | omitted for filing.   |   |
| Please return all corres | pondence concerning this matter            | to the following:   |   |
|                          |  | Paul A. Rene  | ·   |
|                          |  | Name of Person  |   |
|                          |  | Firm/Company  |   |
|                          |  | 651 Regina Circle   |   |
|                          |  | Address   |   |
|                          |  | Oakland/FL 34787  | 1000  |
|                          | r  | City/State and Zip Code   |   |
|                          | E-mail address: (i                         | paul.rene@cfl.rr.com to be used for future annual report notifica | ition)  |
| For further information  | n concerning this matter, please o         | all:  |   |
|                          | Paul A. Rene                               | at ( 321 ) 60  Area Code & Daytime 7                              | 62-0040   |
| Name                     | e of Person                                | Area Code & Daytime   | elepnone Number   |
| Enclosed is a check for  | r the following amount:                    |   |   |
| \$25.00 Filing Fee       | \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 DEC 16 PM 1 97

RECDETABLY OF STATE

| TaXpe  | rt, LLC                                  | TALLA                       | HASSEE FLORIDA          |
|--|--|-----------------------------|-------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | ny as it now appea<br>Liability Company) | rs on our records.          | <del></del>             |
| The Articles of Organization for this Limited Liability Company Florida document numberL09000117688                  | y were filed on                          | 12/10/2009                  | and assigned            |
| This amendment is submitted to amend the following:  |  |                             |                         |
| A. If amending name, enter the new name of the limited lial  | bility company he                        | <u>re</u> :                 |                         |
| Veritas Financia   | al Group, LLC                            |                             |                         |
| The new name must be distinguishable and end with the words "Lim"L.L.C."   | nited Liability Compa                    | any," the designation "L    | LC" or the abbreviation |
| Enter new principal offices address, if applicable:  | 651 Regina (                             | Circle                      |                         |
| (Principal office address MUST BE A STREET ADDRESS)  | Oakland FL                               | 34787                       |                         |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                |  |                             |                         |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he |  | our records, <u>enter t</u> | he name of the new      |
| Name of New Registered Agent:  |  |                             |                         |
| New Registered Office Address:   |  | nter Florida street add     | ress                    |
|  |  | . Florida                   |                         |
|  | City                                     | , rioriua                   | 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>   | Type of Action   |
|--------------|-----------------------------|--|--|
| MGR          |                             |  | ☐ Add<br>☐ Remove  |
|              |                             |  | Add Remove   |
|              |                             |  | Remove   |
|              |                             |  | Add<br>Remove  |
|              |                             |  | Add<br>Remove  |
|              |                             |  | Add<br>Remove  |
| D. If amen   | ding any other information, | enter change(s) here: (Attach additional sheets, if no | ecessary.)   |
|              |                             |  |  |
| Dated        | December 14                 | Just Dene  | ZOUG DEC 16 PM 1: 07 SECRETARY OF STATE TALLAHASSEE FLORID |
|              | Signatur                    | Paul A. Rene Typed or printed name of signee           | E FLORIDA  |
|              |                             | D 0 - C0   | マ  |

Page 2 of 2

Filing Fee: \$25.00