## 130000034784

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EXAMINER



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## **COVER LETTER**

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SUBJECT:	LANDTA	K FLORIDA, LLC		
	Name of Limi	ited Liability Company	<del>`</del>	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
,				
•		Lisa M. Gable		
		Name of Person		
	Ro	bertson & Gable, LLC		
		Firm/Company		
		<u>-</u>		
	5875 Peac	htree Industrial Blvd., S	uite 170	
		Address		
	f	Norcross, GA 30092		
		City/State and Zip Code		
	F-mail address: (	to be used for future annual report	notification)	
			notinouison,	
For further information col	ncerning this matter, please o	an:		
Lisa	M. Gable	at ( 770 )	736-5182	
Name of	Person	Area Code & Da	aytime Telephone 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 encl	osed) Certified (	of Status &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

LANDTAX, LL	C	
(Name of the Limited Liability Company as it a (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were file	ed on March 30, 2010 and assi	gned
Florida document number <u>L10000034784</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	npany here:	
LANDTAX FLORIDA,	LLC	
The new name must be distinguishable and end with the words "Limited Liabi "L.L.C."	lity Company," the designation "LLC" or the al	breviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	ART EB	1
	SSS 1	E amer april.
Enter new mailing address, if applicable:	Fig. 75	
(Mailing address MAY BE A POST OFFICE BOX)		
	<b>*</b>	
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, <u>enter the name of</u>	the nev
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	. 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 Changing Registered Agent, Signature of New Registered Agent

	• •
	•
^: -	

MGR = Manager

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>:

	<u>Name</u>	Address	Type of Actio
<del></del>	-		
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If amend	ling any other information, ente	er change(s) here: (Attach additional sheets	, if necessary.)
If amend	ling any other information, ente	er change(s) here: (Attach additional sheets	; if necessary.)
If amend	ling any other information, ente	er change(s) here: (Attach additional sheets	, if necessary.)
If amend	January 28	er change(s) here: (Attach additional sheets	, if necessary.)

Page 2 of 2

Filing Fee: \$25.00