

L11000006611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

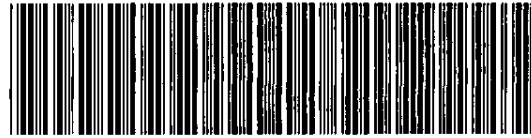
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/07/11--01016--025 **25.00

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2011 NOV 18 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
NOV 14 2011
EXAMINED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tax Link 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:

Kristen Malave
Name of Person

Live Well Produce LLC
Firm/Company

520 ROOFS Rd
Address

Jeffner FL 33584
City/State and Zip Code

livewellproduce@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Malave at 813, 763-6608
Name of Person Area Code & Daytime 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 NOV 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 8, 2011

KRISTEN MALAVE
520 ROOKS RD
SEFFNER, FL 33584

SUBJECT: TAX LINK LLC
Ref. Number: L1100000611

We have received your document for TAX LINK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00025372

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2011 NOV 18 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tax Link 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 12/13/10 and assigned Florida document number L11000000611.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIVE WELL PRODUCE LLC

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)

3623 Lthia Pinecrest Rd.
VALRIDA Florida, 33596

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

520 ROOKS Rd
JEFFNER Florida 33584

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

na, 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

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:

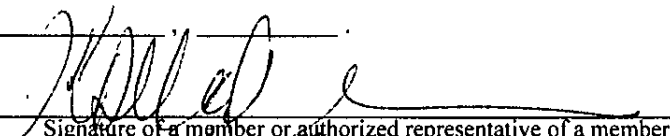
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	n/a	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input 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.)*

n/a

Dated _____


Signature of a member or authorized representative of a member
Kristen Malave
Typed or printed name of signee

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TALLAHASSEE, FLORIDA