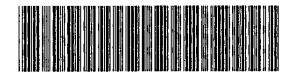
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J. SAULSBERRY EXAMINER

JAN 24 2011

COVER LETTER

TO: ≠Registration Section Division of Corporations	
SUBJECT: ASSERTIVE TOX Services LI Name of Limited Liability Company	<u>C</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Latasha Laxett Name of Person	
	
Firm/Company	
1001 East Sande M. S	te q.e.
Ponporo bach 16 32 City/State and Zip Code	
E-mail address: (to be used for future annual report notif	To be
For further information concerning this matter, please call: 954-350-10	A8 🚆 🎹
Latasha Lavett at()	STALE LORIB
	ne Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ Certificate of Status \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$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

Pasertive Tax S	ervices L			
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>11000053593</u> .	any were filed on <u>O</u>	-06-261) and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	:		
The new name must be distinguishable and end with the words "L 'L.L.C."	imited Liability Company	y," the designation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	2	20		
		Page 2		
Enter new mailing address, if applicable:		\$\$E		
Mailing address MAY BE A POST OFFICE BOX)		mo P		
				
B. If amending the registered agent and/or registered	office address on ou	- Co-1		
registered agent and/or the new registered office address h				
Name of New Registered Agent:				
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

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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGB	Latashalaett	Margare 7 3306	Add— Remove		
<u>MGB</u>	Donal Jones fr.	Lobot winfield Brid Mangate 7th 33063	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
····			Add Remove		
			ZOILJANZI PH 1:07		
Dated <u>()</u>	La terohor Love	or authorized representative of a member	<u></u>		
		or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00