## ~L110000006452

BONZAM INVESTMENT LIC 1732 SW MORFLIA LN PSI FI 34953			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Danward Ni milan)			
(Document Number)			
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SECRETARY OF STATE
AND ASSESSED FROM THE PROPERTY OF THE PR

B. BOSTICK
FEB 1 4 2011
EXAMINER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 w Florida document number	ere filed on 1-19-2011 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
BOWZAM TAX SERVICES  The new name must be distinguishable and end with the words "Limited"  "L.L.C."	LLC C I Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	1722 SW MORERA LN			
(Principal office address MUST BE A STREET ADDRESS)	PORT ST LUCISEF 34953			
Enter new mailing address, if applicable:	1732 SW MORETAFLATI			
(Mailing address MAY BE A POST OFFICE BOX)	PORT-ST-LUCIBATE 34953			
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: MARC	EDDY SAINT JUSTE			
New Registered Office Address: 17 32 S	1732 SW MORELIALN Enter Florida street address			
	T-Lucit , Florida 34953 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>	Address	Type of Action
MGR	CHARLES HERBY	792 SW 159TH LN PEMBROKE PINES FI 33027	Add Remove
MC Rue	wisly CHARLES	PEMBROKE PINES FLZ302	Add Remove
1C.C.M	CHARPENTIER ROLAND	2215 SW 195 NUE MIRAMAR F1 33024	Add Remove
MGR	MARC EDBY ST SUSTE	1732 SW MORFLIN LN PORT STLUCIE FI 34953	Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			<del></del>
		TALL AHASS	SEL TEB SING
Dated	CHarles Harl	or authorized representative of a member	
	CHMICIES	NER BY  or printed pape of signee	52

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