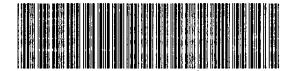
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EXAMINER APR 18 2011

COVER LETTER

TO: Registration : Division of Co				
SUBJECT:	D&B TA	X GROUP, LLC		
Sobolici.		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Ali Mokhberolsafa		
		Name of Person		
		Firm/Company		
	3	3806 Windridge Court	, = 	
		Address		
		acksonville, FL 32257 City/State and Zip Code	**************************************	
	E-mail address: (BTAXGROUP@aol.co to be used for future annual repo	n ort notification)	
For further information	concerning this matter, please of	call:		
Ali	Mokhberolsafa	at (904)	710.8744	
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 er		f Status &
MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 APR 15 PM 4: 20

		يازر	JALIARY OF STAIL
D&B	TAX GROUP, LLC		LAHASSEE, MLORID
(A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
		04/04/0044	
The Articles of Organization for this Limited Liability	Company were filed on	01/24/2011	and assigned
Florida document number L 11000010381	 .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADI	DRESS)		
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	he name of the new
	· · · · · ·		
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	En	ter Florida street addı	ress
		, 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

•	lanaging Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Actio
MGR	Ali Mokhberolsafa	3806 Windridge Court Jacksonville, Fl. 32257	Add Remove
·····			Add Remove
			Add Remove
	4-1		Add Remove
			Add Remove
			Add Remove
If ameno	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	
ated	April 08	acquelie Major	
	Signature of a m	• •	· ::
	4	acqueline Mokhbero/safa	

Page 2 of 2

Filing Fee: \$25.00