L110000010381

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300209848183

07/18/11--01010--023 **30.00

SECRETARY OF STATE

J. BRYAN

JUL 19 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: D&B Tax Group, 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:				
Ali mokhberolsafa Name of Person Fig. 1				
DLB Tax Group Firm/Company				
3806 Windridge Ct.				
Jacksonville, FL 32257 City/State and Zip Code				
DBTAXGROUP CADL Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ali Mokhberol Safa at (904) 710 - 8744 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee, 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

The Articles of Organization for this Limited Liability Company were filed on 1/24/2011Florida document number <u>L \\000</u>0\038\ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or th "L.L.C." 4040 Sunbeam Rd. X Enter new principal offices address, if applicable: Jacksonville, FL 32257 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City

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
M <u>GRM</u>	Gabby S. Sudrajat	Jacksonville, FL 32257	Add Remove
			Add Remove
			Add On Salar
			Add 9
			Add Remove
			Add Remove
	ding any other information, enter change ELT #27 - 4611980	e(s) here: (Attach additional sheets, if necessary.)	
			
	7/14 . 201	<i>L</i>	
	Signature of a member	or authorized representative of a member	<u> </u>
	Jacqueline J. W	lo Khbero IS a Fa or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00