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Office Use Only



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EXAMINER



COVER LETTER

то:	Registration S Division of Co			
SUBJE	СТ•	AmeriGuar	d Tax Group LLC	
501102	on <u></u>		ted Liability Company	,
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	1 APR 14
			Christopher Pinnick	
			Name of Person	
AmeriGua			ırd Financial Law Center, Ll	.c
			Firm/Company	
Р			ost Office Box 551028	
			Address	
		lac	ksonville, Florida 32255	•
		Jac	City/State and Zip Code	
		cpinn	ick@ameriguardlaw.com_	
For furt	her information	E-mail address: (concerning this matter, please of	to be used for future annual report notificates:	cation)
		stopher Pinnick		655-0374
		of Person	at (904) Area Code & Daytime	
Enclose	ed 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		tration Section ion of Corporations 3ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ar	nenGuard 18	ax Group, LL		
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appea Liability Company)	rs on our records.)	[*] e,
The Articles of Organization for this Limited I Florida document numberL1100001	Liability Company	•		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>·e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	220 Ponte Vedra Park Drive		
(Principal office address MUST BE A STRE	ET ADDRESS)	Suite 270		
		Ponte Vedra	Beach, Florida 32	2082
Enter new mailing address, if applicable:	Post Office Box 551028			
(Mailing address MAY BE A POST OFFICE	Jacksonville, Florida 32255			
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter 1	he name of the new
Name of New Registered Agent:	Pinnick			
New Registered Office Address:	403 15th Av	enue South		
		En	ter Florida street ada	ress
	Jack	sonville Beach	, Florida	32250
		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 108, 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>	Name	Address	Type of Action
MGR_	AmeriGuard, LLC	7948 Baymeadows Way Suite 300 Jacksonville, Florida 32256	Add Remove
MGRM_	AmeriGuard Financial Law Center, LLC	Post Office Box 551028 Jacksonville, Florida 32255	Add Remove
MGR	AmeriGuard Law Group, LLC.	Post Office Box 551028 Jacksonville, Florida 32255	Add Remove
			Add Remove
			Add Remove
- 			Add Remove
	ling any other information, enter change ease add our EIN to the file please.	t(s) here: (Attach additional sheets, if necessary.) The EIN is 27-4817913.	_
			- - -
Dated	April 19 201	11	_
	Signature of a member of	or authorized representative of a member	
	Chr	ristopher Pinnick	
	1 4060 C	n didicu hange di sixuee	

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Filing Fee: \$25.00