## L110000045738

(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



900245693619

03/19/13--01011--017 \*\*25.00

PILEU 2013 MAR 19 PM 1:33 SECRETARY OF STATE

MAR 20 2013 J. BRYAIN

## **COVER LETTER**

TO: Registration Section
Division of Corporations

APEX 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:

TRACI MORAN

Name of Person

APEX TAX GROUP LLC

Firm/Company

4285 SW MARTIN HIGHWAY

Address

PALM CITY FL 34990

City/State and Zip Code

MMORAN@kmcocpa.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL MORAN

772<sub>)</sub>221-4806

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 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 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

APEX TAX GROUP LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Conference L11000045738	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and end with the wor "L.L.C."	Mg 3
Enter new principal offices address, if applicable:	RESS)
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the ne</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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	ype of Action
MGRM	TRACI MORAN	4285 SW MARTIN HWY	Add
		PALM CITY FL 34990	Remove
MGRM	MICHAEL MORAN	4285 SW MARTIN HWY	Add
		PALM CITY FL 34990	Remove
MGR	MICHAEL MORAN	4285 SW MARTIN HWY	. Add
		PALM CITY FL 34990	Remove
			Add
		TALL AHA	Remove HAR 19
		SSEE OF LOW	EAdd O
			demove
			Add
			Remove

If amending any other information	n, enter change(s) here: (Attach additional shee	ts, if necessary.)
•		
MARCH 8	2013	<del></del>
ed		
Mor	-	
Signat	ure of a member or authorized representative of a me	mber
TRACI MORAN		
	Typed or printed name of signee	

ed or printed name of sign

Page 3 of 3

Filing Fee: \$25.00

2013 MAR 19 PM 1:3