

L11000056712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

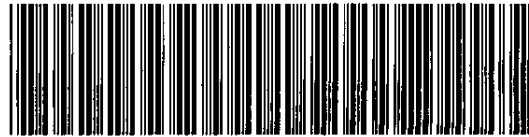
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/13/11--01013--010 **25.00

FILED
11 OCT 13 PM 4:52
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT 14 2011

TRANSMITTAL LETTER

**BEST QUICK TAX RETURNS, INC
320 S. BUMBY AVE. SUITE 10
ORLANDO, FL 32803**

I am enclosing a check of \$ 25 dollars, please send me a stamped copy of the articles.

Thank you

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTURY STONE FINANCIAL 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:

DAN SANTANA

Name of Person

Firm/Company

P.O. BOX 682228

Address

ORLANDO, FL 32868

City/State and Zip Code

SANTANA131@YAHOO.COM

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

For further information concerning this matter, please call:

DAN SANTANA

Name of Person

at (305) 924-2637

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

FILED
11 OCT 13 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CENTURY STONE FINANCIAL GROUP LLC

(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 were filed on 05/13/11 and assigned
Florida document number L11000056712.

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

655 GLADES CIRCLE
APT 213
ALTAMONTE SPRINGS, FL 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 682228
ORLANDO, FL 32868

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: AMANDA L. NELSON

New Registered Office Address: 655 GLADES CIRCLE APT 213

Enter Florida street address

ALTAMONTE SPRINGS, Florida 32714
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.

Amanda Nelson
If Changing Registered Agent, Signature of New Registered Agent

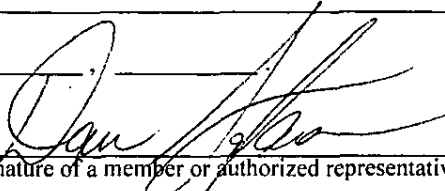
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAN SANTANA	P.O. BOX 682228 ORLANDO, FL 32868	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JAHIR A. CHU	P.O. BOX 682228 ORLANDO, FL 32868	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

DAN SANTANA

Typed or printed name of signee