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COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJE	CT.	AMERITAX	SERVICES LLC.,	
JUDJE	C1:		ited Liability Company	
			·	
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	eturn all corresp	ondence concerning this matter	to the following:	
			Crystal Salton	
			Name of Person	
			Firm/Company	
		2778 0	Cumberland Blvd STE# 2	97
			Smyrna, Ga 30080 - City/State and Zip Code	
			ssalton@gmail.com	
For furt	her information	E-mail address: (concerning this matter, please o	to be used for future annual report no call:	otification)
	с	rystal Salton	at (678)	886-8886
	Name	of Person	Area Code & Day	time Telephone Number
Enclose	ed is a check for	the following amount:		
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

COVER LETTER

TO:

TO:	Registration Sec Division of Corp						
SUBJE	r <i>C</i> T∙	AMERITAX	SERVICES LLC.,				
SUBJ	<u></u>		ted Liability Company				
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspor	ndence concerning this matter	to the following:				
			Crystal Salton				
			Ivanic of Felson				
		AME	RITAX SERVICES LLC. Firm/Company	<u> </u>			
			Thin/company				
		2778 C	Cumberland Blvd STE# 2	97			
			Address				
			Smyrna, Ga 30080				
			City/State and Zip Code				
		E-mail address: (to be used for future annual report n	otification)			
For fur	ther information co	ncerning this matter, please c	all:				
	Cry	stal Salton	at (678)	886-8886			
	Name of	Person		time Telephone Number			
Enclos	ed is a check for th	e following amount:					
[∕] \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)			
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive	porations g			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERITAX SE	ERVICES LL	.C.,			
(Name of the Limited Liability Comp (A Florida Limited	any as it now app	ears on our records	P)		
(A Frontia Difficu	Buointy Company	,,			
The Articles of Organization for this Limited Liability Compan	y were filed on _	November 3, 2	2011	and as	ssigned
Florida document numberL11000125261					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company	here:			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Cor	npany," the designati	ion "LLC	" or the	abbreviatio
Enter new principal offices address, if applicable:	4511 S. O	cean Blvd STE#	205		
(Principal office address MUST BE A STREET ADDRESS)	Highland E	leach, FL 33487	7 = 1		
			E	==	
			££	33	17
Enter new mailing address, if applicable:			AR	5	10 magama gandatus T
•			_ #	PK	m
(Mailing address MAY BE A POST OFFICE BOX)			LLS I	ığ.	
	<u> </u>		- 87		
B. If amending the registered agent and/or registered of	effica address a	n our rosarde on		~	of the new
registered agent and/or the new registered office address he		n our records, <u>en</u>	ter the	nanic	or the nev
	_				
Name of New Registered Agent:					
		-			
New Registered Office Address:		Enter Florida stree	 t address		
	City	, Florid		Zip Coa	
	City		2	np Coa	ic.

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

Page 1 of 2

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 Type of Action Address Title **Name** MGRM Willa Moye ☐ Add 4511 S. Ocean BLVD # 205 Highland Beach, FL 33487 √ Remove Crystal Salton 2778 Cumberland BLVD STE# 297 MGR ☐ Remove Smyma, Ga 30080_____ MGRM Crystal Salton 4511 S. Ocean BLVD # 205. ☐ Add ✓ Remove Highland Beach, FL 33487 ☐ Add Remove ∏Add Remove Add 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 Crystal Salton Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00