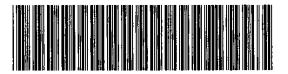
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SECRETARY OF STATE

JUL 19 2013 J. BRYAN

### **COVER LETTER**

TO:

Registration'Section Division of Corporations

LIBERTY TAX & ACCOUNTING SERVICES LLC

SUBJECT:

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:

# **HUGO STRIEDINGER**

Name of Person

LEE COUNTY TAX & ACCOUNTING SERVICES LLC

Firm/Company

229 DEL PRADO BLVD N. # 7

Address

CAPE CORAL FL 33909

City/State and Zip Code

hstriedinger@libertytax.com

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

For further information concerning this matter, please call:

# **HUGO STRIEDINGER**

239<sub>)</sub>574-6167

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**

### LIBERTY TAX & ACCOUNTING SERVICES 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 Compan	ov were filed on 01/23/2012
Florida document number L12000009938	
Florida document number	2 · Co.
	To .
This amendment is submitted to amend the following:	SEE 18
A. If amending name, enter the new name of the limited lia	bility company here:
LEE COUNTY TAX & ACCOUNTING SERVICES	LLC
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SAME
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address be	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent: SAME	
New Registered Office Address: SAME	·
<del>_</del>	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature if changing Registered Agen	**

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:

Title	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
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). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	·
ated	07.15.2013
	Deso Tuedungel
	Signature of a member or authorized representative of a member
	HUTO STRIEDINGER
	Tuned or printed name of cionea

Page 3 of 3

Filing Fee: \$25.00

