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02/01/12--01001--004 **25.80





J. SAULSBERRY EXAMINER

JAN 31 2012

COVER LETTER

TO:	Registration Section Division of Corporations		\bigcirc		
SUBJE	CT: The	TAX Name of Lim	HVD FESS ited Liability Company	isnals	,LC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

For further information c	Sandr The The The The 225 Z The The The Shug E-mail address ft oncerning this matter, please cr	· · · · · · · · · · · · · · · · · · ·	St. 1301	2012 JAN 31 PH SECRETARY OF S TALLAHASSEE.FI	
Name o	f Person	at () Area Code & Daytime	Telephone Number	ORI 3:	\Box
Enclosed is a check for the state of the second sec	ne following amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	osed)
Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations bx 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions tions		

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	F AMENDMENT TO	
ARTICLES OF	ORGANIZATIO	N
	OF	
The tax Prof (<u>Name of the Limited Liability Com</u> (A Florida Limite		
The Articles of Organization for this Limited Liability Compa	ny were filed on/	-30-12 and assigned
Florida document number <u>L12 coco 14235</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>
		HE AN I
Enter new mailing address, if applicable:		SSEE
(Mailing address MAY BE A POST OFFICE BOX)		
In this water, mill ben room of room of the		
B. If amending the registered agent and/or registered		
registered agent and/or the new registered office address h	<u>iere</u> :	
,		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Fiorida
	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.

If Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	Name	Address	Type of Action
MGRM	Sandra Bristol	225 E. Jennings St. TAILAMASSEE, R. 32301	Remove
MOR	Sandra Ford	225 E. Jennings St. TATLAMASEE, P. 32301	Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amen	ding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
· _			2012 J BALLAI
	· · · · · · · · · · · · · · · · · · ·		TILE AN 31 P
Dated	January 31, 2012 Alanona Brish		PH 3: 42
	Signature of a member of a mem	or authorized representative of a member	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00