L12000014307

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SECRETARY OF STATE

JAN 2 2 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Young & Sons Tax Advisors, 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:

Charles Young

Name of Person

Young & Sons Tax Advisors

Firm/Company

4142 Mariner Blvd Suite 221

Address

Spring Hill, FL 34609

City/State and Zip Code

cyoungsr@youngandson.org

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

For further information concerning this matter, please call:

Charles Young

_{...}352、540-1370

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

Young & Sons Tax Advisors, LLC

ť

(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 01/31/2012 and_assigned Florida document number <u>L</u>12000014307 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Young & Sons Tax and Accounting, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
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			Add 22 Remove	
			Kemove	
			Add	
			Remove	
			Add	
			Remove	

D. If amend	ing any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
	,	•
E. Effective (If an effective	date, if other than the da	te of filing: (optional) ust be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated Jan	uary 8	2014
	Chal	& Drung
,	Signa Charles	ure of a member or authorized representative of a member A. Young
		Typed or printed name of signee

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Filing Fee: \$25.00

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