L12000106019

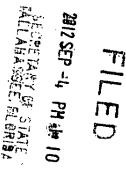
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
SEP - 6 2012				
EXAMINER				

Office Use Only



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09/04/12--01008--015 **25.00



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	JLT Tax	Services, LLC		
	Name of Lim	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Cindy Toussaint		
		Name of Person		
		LT Tax Services, LLC		
		Firm/Company	The State of the s	
		MCCORMICK WOODS DR	IZ SEP -4 PH	
		Address		
		OCOEE FL 34761		
		City/State and Zip Code	3 TO	
	E-mail address: (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of	eall:		
Lu	cie Alexandre	at (407) 4	37-1642	
Name of Person		Area Code & Daytime		
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAII	INC ADDDESS.	STDEET/COUDIE	D ADDDESS.	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLT T	ax Services, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	08/17/2012	and assigned
Florida document number L12000106019	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	any," the designation "LL	.C" or the abbreviatio
Enter new principal offices address, if applicable:		P 3	72 S
(Principal office address MUST BE A STREET ADD	RESS)		+ -
Enter new mailing address, if applicable:		E SIAT	R D
(Mailing address MAY BE A POST OFFICE BOX)			0
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter th	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street addre	
		. Florida	
	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

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>	Address	Type of Action
MGRM	Lucie Alexandre	3375 MCCORMICK WOODS DR OCOEE FL 3476	✓ Add Remove
			Add Remove
	·		Add Remove
			Add Remove
		Qo Cri	Add
		(1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Add O
		nge(s) here: (Attach additional sheets, if necessar	y.)
	sspelled Toussiant, the correct s	•	
_			
Dated		m Jourson	
		ber of authorized representative of a member Cindy Toussaint ed or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00