# L12000143055

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# **COVER LETTER**

TO: Registration Section Division of Corporations
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:
Guesley Leger Name of Poton
Top Flig Tax LLC
2640 Cesery Blvd Ste 13
Jacksonville, FC 32211 City/State and Zip Code
Mrgin terprise @ ymail, com- E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Guesley Lecer at (904) 290-9274  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Satisticate of Status Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

Mr. G's tax & Multi Service
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 11/13/2012 and assigned
lorida document number <u>L12000143 055</u> .
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
Joh Wight Tax 110
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
Hanng uddress MAT BE AT OST OFFICE BOAY
3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, 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.

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ы	
Dated	Hay 13t 2813.
	Signature of a member or authorized representative of a member
	Types or printed name of signee  Page 3 of 3
	Page 3 of 3

Filing Fee: \$25.00