## 112000/60625

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
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## **COVER LETTER**

Division of Cor	rporations		
SUBJECT: C	ompetitive Name of Lim	Tax Service ited Liability Company	es LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	28
		all Schras	
	Compet	Itive Tax So	nvices = =
	28019	Hwy 27 Address	
	Dundee,	FZ 3383. City/State and Zip Code	8
	E-mail address: (	AX BOJOCU to be used for future annual report notif	Cam Cation)
For further information of	oncerning this matter, please co	all:	
Randa Name o	11 Schrade	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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:

TO:

**Registration Section** 

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

Competite Ve to Service Longitude Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	and assigned
	and assigned
Florida document number <u>L 12000 160625</u> This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	स्त 🗓
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B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	name of the ne
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
, Florida	ip 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	T. Randall Schrade	er 28019 Hwy 27	Add
		Dunder, 71 33838	
			Change
MER	B+M Tax Services	35934 Hwy 27	□ Add
		Haines City, FL	
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Filing Fee: \$25.00