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	y/State/Zip/Phone	. ₩
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2013 SEP 23 PM 2: 09 SECRETANY OF STATE TALLAHASSEE, FLORID,

B. BOSTICK

SEP 2 4 2013

EXAMINER

COVER LETTER

	Registration Secti Division of Corpo					
		nancial Management,	LLC			
SUBJEC	T:	Name of Limited	d Liability Company			
The enclo	osed Articles of An	nendment and fee(s) are subm	nitted for filing.			
Please ret	turn all correspond	ence concerning this matter to	o the following:			
		Kevin M. McKenney				
			Name of Person			
		Tax and Financial Ma	nagement, LLC			
Firm/Comp		Firm/Company				
		942 Virginia Drive				
			Address			
		Sarasota, Florida				
		kevinmckenney41@g	City/State and Zip Code mail.com			
		E-mail address: (to	be used for future annual report notification	on) 🚆 🚉	20	
For furth	er information con	cerning this matter, please cal	11:	LAW LOS	2013 SEP	" . 1
Kevin	M. McKenney		941 351-8822	ASSE	ੂੰ 23	
Enclosed	Name of P		Area Code & Daytime Tel	ephone Number of CORIDA	PH 2: 09	
\$25.0	00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	

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

Tax and Financial Management, LI	LC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C L13000010437 Florida document number	Company were filed on	2013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u> K-Mack Financial, LLC	ited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LL	C" or the abbreviat
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>	201
		E S	SE TO
		75.7 10.2	
Enter new mailing address, if applicable:			23
• • • • • • • • • • • • • • • • • • • •		* "[]	
(Mailing address MAY BE A POST OFFICE BOX)		FLORIE	 _
			- 8
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the	e name of the n
Name of New Registered Agent:			·
New Registered Office Address:	Euton	Florida street addre	
	Lnier	r toriau sireet adare	:33
	City	, Florida	Zip Code
	~ <i>y</i>		-r

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 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
			Add
			Remove
			Add
			Remove
			Remove
		ALI ALI	Add
		ALLABASSEL FLOR	Rémove
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		D. D	Add Add
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II AIII	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	, <u></u>
d	
~ <u> </u>	I'M MILL
	Signature of a member or authorized representative of a member
	Kevin M. McKenney
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 23 PM 2: 09