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SECRETARY TO A SECOND THE TALL AND SECOND PM 12: 14

COVER LETTER

SUBJECT:		GA TAX SERVICES, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	THOMAS D. CHRISTEN	SON		
		Name of Person		
	ALPHA & OMEGA TAX	SERVICES, LLC		
		Firm/Company		
	1416 STOURHEAD CT			
		Address		
	TALLAHASSEE, FL 32312			
1		City/State and Zip Code		
' For further information	TDCHRISTENSON@AOL			
	E-mail address: (to be used for future annual report not	lification)	
For further information (concerning this matter, please co	all:		
THOMAS D. CHRISTE	ENSON	850 294-0329 at ()		
Name (of Person	at ()	ne Telephone Number	
Enclosed is a check for t	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:

Registration Section

- Division of Corporations

TO:

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**

SERVICES, LLC		
yany as it now appears on I Liability Company)	our records.)	
y were filed on MARC	CH 18, 2013	and assigned
bility company here:		
bility Company," the design	nation "LLC" or the al	bbreviation "L.L.C."
2236 CAPITAL CIF	RCLE NE	<u> </u>
SUITE 103		7 08
TALLAHASSEE, F	L 32308	10 Z
1416 STOURHEAD) CT	B PA
TALLAHASSEE, F	L 32312	
christenson	r records, <u>enter</u>	the name of the nev
	street address	
1,11101 1100111110		
SEE	, Florida ³²	2312
	bility Company here: bility Company," the design 2236 CAPITAL CIE SUITE 103 TALLAHASSEE, F 1416 STOURHEAD TALLAHASSEE, F office address on outere: . CHRISTENSON RHEAD CT Enter Florida s	pany as it now appears on our records.) d Liability Company) ny were filed on MARCH 18, 2013 ability Company here: bility Company," the designation "LLC" or the ability Company," the designation "LLC" or the ability Company, and a company here: SUITE 103 TALLAHASSEE, FL 32308 1416 STOURHEAD CT TALLAHASSEE, FL 32312 office address on our records, enterere: CHRISTENSON RHEAD CT Enter Florida street address

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GARY L. MEDLEY	2224 ARMISTEAD DR	
		TALLAHASSEE, FL 32312	■ Remove
			Change
MGR	THOMAS D. CHRISTENSON	1416 STOURHEAD CT	= Add
		TALLAHASSEE, FL. 32312	Remove
			Change
			□ Remove
			□ Change
			Remove
			Change
			Add
			☐ Remove
		Change	
			☐ Remove
			Change

). If amending any other informa	ation, enter change(s) here: (Attach additional s	heets, if necessary.)	
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E. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this be document's effective date on the I	e date of filing: Ist be specific and cannot be prior to date of filing or more that lock does not meet the applicable statutory filing requirement of State's records.	(optional) nn 90 days after filing.) Pursuant to 605 nirements, this date will not be liste	5,0207 (3 ed as th
f the record specifies a delaye b) The 90th day after the rec	d effective date, but not an effective time, cord is filed.	at 12:01 a.m. on the earlie	er of:
Dated	2017		
	Signature of a member or authorized representative of a n	nember	
	THOMAS D. CHRISTENSON		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00