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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Liberty tax & Student 6an Defense 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:
Daryush Khashlak
Daryush Khashlak Name of Person Liberty tax & Student loan Dependent Firm/Company
2637 East Atlantic Blvd Address #240
POMMAN Beach, FL 33062 City/State and Zip Code Javid K & defense likerty. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{4-4-13}{L 13000049922}$ and assigned Florida document number $\frac{L 13000049922}{L 13000049922}$
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 2637 East Allumne Blva
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Pomfan 0 Beach FC 33%
Enter new mailing address, if applicable: 2637 East At Cantic B/V
(Mailing address MAY BE A POST OFFICE BOX) FOR Part Black FL 3306
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Azar Khoshlak
New Registered Office Address: 2637 E. Allantic Blood of 940 Enter Florida street address:
Donners Beach, Florida 33062
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 = Ma	anaging Member		
Title Registed Azent	Name Azar Jand Mgrm	Address 13412 SW 83 AM Miami, FL 33156	Type of Action Add Remove
MGR	Dayush Khaslak	Plantation, Fe 333	Add Add
Residence Agent	Azar Khoslak	2637 E. Atlantice #24940	360 Demove
mg	Darynsh Khashlak	Pomparo Beach, Fl 2637 E. Atlantic #24940 Pompano Beach, F	33062 Blvd Lademove
			dd emove

• • •	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
	7/3/2013,
	Signature of a member or authorized representative of a member
•	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

