L13000049922

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·	
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(Address)			
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(Cit	ty/State/Zip/Phone	e#)	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
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COVER LETTER

TO: Registration Section
Division of Corporations

LIBERTY TAX AND STUDENT LOAN DEFENSE LLC.

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:

AZAR KHOSHLAK

Name of Person

LIBERTY TAX AND STUDENT LOAN DEFENSE

Firm/Company

2637 EAST ATLANTIC BLVD., #24940

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

DEFENSELIBERTY1@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AZAR KHOSHLAK

786 399-1466

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
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

LIBERTY STUDENT AND TAX DEFENSE LLC.

(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 04/04/2013	and assigned
Florida document number L13000049922	_	
	•	FIL 013 OCT 24 SECRETAR ALLAHASS
This amond mant is submitted to account the fellowing.		T2
This amendment is submitted to amend the following:		(<u>i,i.)</u> <
A. If amending name, enter the new name of the lin	nited liability company here:	AMII: Of STA
LIBERTY STUDENT AND TAX DEFEN	NSE LLC.	II: 5
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the design	ation "HC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, tress here:	enter the name of the new
and the second s	areas nere.	
Name of New Registered Agent:		
Name Provintent A Office Address		
New Registered Office Address:	Enter Florida str	eet address
	. Flor	ida
	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.

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	
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			Remove	

D. If amending any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)
	
Dated OCTOBER 21	2013
A. Ch. 82	Cela
Signature of a	member of authorized representative of a member
AZAR KHOSHLAK	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 24 AMII: 52
SECRETARY OF STATE