## L17006 179705

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100261376941

06/30/14--01010--016 \*\*30.00



TO: Registration Section Division of Corporations						
SUBJECT: Strategic Tax and Financial Services 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:						
David Butt Name of Person						
Strategic Tax and Financial Gervices LLC Firm/Company						
14503 Walsingham Road						
Largo FL 3377 4  City/State and Zip Code  dave a Strategic tar financial con  Empiledoss (or behind for fitting annual most position)						
For further information concerning this matter, please call:						
David Butt at 727 595 - 6525  Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)						

**COVER LETTER** 

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

Strategic Tax and Fi	nancial Services LL	<u>'C</u>		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000139705</u> .  This amendment is submitted to amend the following:	were filed on October 3, 20	<u>0/3</u> and a	ssigned	
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation	"L.L.C."	-
Enter new principal offices address, if applicable:	Same			
(Principal office address MUST BE A STREET ADDRESS)				_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name	e of the	_ _ _ new
Name of New Registered Agent: Same			erenda Mari	
			· · · · · · · · · · · · · · · · · · ·	-t
New Registered Office Address:	Enter Florida street address		<u>نا</u> ن	
	. Florida	1,7		
	City	- Zip Cod	6. 5 r mg	<u>.</u>
		·	•	•
New Registered Agent's Signature, if changing Registered Agent:		Sim d		

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Steven Hoskinson	14501 Walsinghan Ro	Add Add		
		14501 Walsinghan Ro. Largo, FL 33774	☐ Remove		
			Add		
			□ Remove		
			Add		
			□ Remove		
			□ Remove		
			Remove		
			□ Add		
			Rémove		
<del></del>			Add		
			☐ Remove		

D.	Ifame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_	NA
	-	
	-	
	-	
E.	(Ine eme	ive date, if other than the date of filing:  Date of Filing (optional)  extive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after  ethis document is filed by the Florida Department of State)
	Dated	June 26 , 2014.
		Signature of a member or authorized representative of a member
		David Butt
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUN 30 WHIC 48