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B. BOSTICK

JAN 2 · 2014

EXAMINER

COVER LETTER

TO: Registration S Division of Co		
SUBJECT: TRa	eKi TAX Flow Vervices 11c Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Tracki Walton Name of Person	
	Firm/Company	
	3810 JOCKSON DIVA	
	Fort Jouderdole f 33312 City/State and Zip Code Tocky Troya95 HO 9 mail . com E-mail address: (to be used for future annual report notification)	
	Tocky Troya9540 9 mal L. (ou E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Tracki	concerning this matter, please call: Walton Area Code Daytime Telephone Number 12 12 13 15 15	
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	ability Compa	Any as it now appears on ou Liability Company)	r records.)	`	
			ı,		
The Articles of Organization for this Limited Liab		were filed on <u>01 / 09</u>	1201H	_ and assigned	L
Florida document number <u>L 13 0001b H</u>	800				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liah	oility company here:			
The new name must be distinguishable and end with t "L.L.C."	he words "Lin	nited Liability Company," the	e designation "LL	.C" or the abbr	eviation
Enter new principal offices address, if applicabl	e:	3810 Jackso	u blv	1	
(Principal office address MUST BE A STREET A	(DDRESS)	fort Leudend	ale fl	333/2	· -
Enter new mailing address, if applicable:			A.C.	22.1	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		<u> </u>		
			1777 1 1777 1 1777 1	S.	···
B. If amending the registered agent and/or	registered o	ffice address on our rec	ords, enter th		1e new
registered agent and/or the new registered office	address her	<u>e</u> :		<u>ယ</u> (2	
Name of New Registered Agent:	Track	Walton			
New Registered Office Address:					
		Enter Flori	ida street addres	38	-
· -		City	., Florida	Zip Code	
		cuy		zip Coae	

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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Man AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
wanagor	Tracki Walton	3810 jockson blvd fort Landerdale f 133312	Add Remove
			AddRemove
		A CONTRACTOR OF THE PROPERTY O	Add
		7	Add No.
			AddRemove
			AddRemove

	(Attach additional sheets, if necessary.)	D. If amen
		-
		-
		
E. Effective date, if other than the date of filing:(optional) (If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b	(optional) see more than 90 days after filing.) (605.0207 (3)(b)	E. Effectiv
Dated,		Dated
The state of the s		
Signature of a member or authorized representative of a member		
Tracki Walton Typed or printed name of signee	ame of signee	

Page 3 of 3

Filing Fee: \$25.00

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