## 13000176121

(Red	questor's Name)	
(Add	dress)	
		•
(Add	dress)	
•	·	
(City	y/State/Zip/Phone	
(Citi	y/State/Zip/Filoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
<b>(</b> =	<b>,</b>	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
•		
Consist Instructions to 1	Filing Officers	
Special Instructions to I	Filing Officer:	]
		ļ

Office Use Only



500297482955

04/03/17--01033--008 \*\*25.00

SECRE HARY OF STATE FALLAHASSEE, FLORIDA

11 APR -3 AM 10: 38

K. SALY APR - 5 2017

## COVER LETTER

то:	Registration Sec Division of Corp	tion Grations		
SUBJE		X PREP LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspon	dence concerning this matter	to the following:	
		JAMES ALLEN, ESQ.		
			Name of Person	
		THE LAW OFFICES OF J	IAMES D. ALLEN, P.A.	
			Firm/Company	
		50 NORTH LAURA STRE	EET, SUITE 2500	
			Address	
		JACKSONVILLE, FL 322	202	
		james@jda-law.com	City/State and Zip Code	
		· -	to be used for future annual report not	ification)
For furt	her information co	ncerning this matter, please ca	all:	
JAMES	S ALLEN, ESQ.		904 508-3061	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclose	ed is a check for the	: following amount:		
\$25	5.00 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)
(	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 sec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 APR -3 AM 10: 38

TALLAHASSEE, FLORING

CLOWE TAX PREP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	les of Organization for this Limited Li	ability Company were filed on	12/23/2013	and assigned
Florida do	rument number <u>L13000176121</u>	*		
This amen	dment is submitted to amend the follo	owing:		
A. If ame	nding name, enter the new name of	the limited liability compan	<u>v here</u> :	
The new nar	be must be distinguishable and contain the w	ords "Limited Liability Company," t	he designation "LLC" (	or the abbreviation "L.L.C."
Enter nev	principal offices address, if applica	able:		
	office address MUST BE A STREE			
				•
	mailing address, if applicable:	<del></del>		
(Mailing (	<u>ddress MAY BE A POST OFFICE I</u>	<u> </u>		
		LEAVE,		
	nending the registered agent and/o	**	on our records,	enter the name of the new
,	Name of New Registered Agent:	THE LAW OFFICES OF JAM	1ES D. ALLEN, P.A	
		50 NORTH LAURA STREET	. SUITE 2500	
	New Registered Office Address:		Florida street address	
		JACKSONVILLE	, Flor	ida <sup>32202</sup> Zip Code
j		City		Zip Code
New Regi	tered Agent's Signature, if changing R	tegistered Agent:		
provision accept th being file	accept the appointment as registered is of all statutes relative to the propo e obligations of my position as regis d to merely reflect a change in the r has been notified in writing of this	er and complete performance stered agent as provided for registered office address, I he	r of my duties, and in Chapter 605, F.	I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

f_amendi <u>or_remov</u>	og Authorized Person(s) authorized to a <u>d from our records</u> :	manage, enter the title, name, and address of each person being adde $\int_{\Gamma} I_{i} = r^{-\alpha}$
MGR = AMBR =	Manager Authorized Member	2017 A.S.
<u> Fitle</u>	<u>Name</u>	Address  SLCNC PARY OF STATE  Address  SLCNC PARY OF STATE  Address  Address  Address  Address  Address  Address  SLCNC PARY OF STATE  Address  Add
		Add
		Remove
		Change
		□ Remove
		Change
- <u></u> -		Add
		Change
		Remove
		Change
		Add
		Remove
		Change
		Remove
		☐ Change

_	
	2017 APR - 3 AH 10: 38
_	SEITH -3 AM ID: 38 TALLAHASSEE, FLORID;
	TALLAHASSO OF STA
_	$\frac{\sqrt{3} F_{\ell} F_{\ell}^{0} \eta_{R}^{0} U_{\ell}}{\sqrt{2} \sqrt{2} \eta_{R}^{0} U_{\ell}^{2}}$
-	
_	
_	
_	
-	
-	
-	
•	
_	
an ef lote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	March 30 . 2017.
	March 30 . 2017 .  Dwrst. Clow  Signature of a member or authorized representative of a member
- 1	

Page 3 of 3

Filing Fee: \$25.00