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COVER LETTER

Division of Corporations			
SUBJECT: MARC S	TABITHA Name of Limited I	Liability Company	
The enclosed Articles of Amendmen	t and fee(s) are submitte	ed for filing.	
Please return all correspondence con-	cerning this matter to th	e following:	
_/11	ARC M	TCHAUD Name of Person	<u></u>
	ARC & TA	DITHALLC Firm/Company	
P.	0. Box 5	592194 Address	
_OR	Lando	FL, 32859 ty/State and Zip Code es 7016 at Yahoo used for future annual report notificat	
<u>.M. F</u>	E-mail address: (to be	es7016 at /ahoc used for future annual report notificat	ion)
For further information concerning th			
MARC MICHA Name of Person	9UD	at (<u>504_)</u>	65 lephone Number
Enclosed is a check for the following	amount:		
-	Filing Fee & ificate 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:

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARC S TABITHA LL (Name of the Limited Liability Compa	ny as it now appears on our records.) aability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>414000181271</u> .	were filed on $1/-24-20/4$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil FINANCIAL TAX SERVICES T The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5973 WINEGARDERD APLTO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 59219#- ORLANDO FL, 32259
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent: MAR	MICHAUD
New Registered Office Address: 5973	MICHAUD WINEGARD Rd. APTH C Enter Florida street address
ORLa	redo Florida <u>32209</u>

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANIEL TABITHA	540/ South KirkMANR	A □ Add
		DANIEL TABITHA	Remove
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ecord specifies a delayed effective date,	but not an	effective time	e, at 12:01 a	m. on t	he earlier
ne 90th day after the record is filed.					
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Filing Fee: \$25.00