

Florida Department of State  
Division of Corporations  
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# L15000004718

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(((H16000180695 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SWAINE, HARRIS P.A.  
Account Number : I1998000021  
Phone : (863)465-2811  
Fax Number : (863)465-6999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ferri@heartlandlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BUDGET BI-RITE TAXES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
2016 JUL 27 PM 4:04  
TALLAHASSEE, FLORIDA  
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FILED  
16 JUL 27 AM 9:13  
TALLAHASSEE, FLORIDA  
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JUL 28 2016  
J. HARRIS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H16000180695 3)))

Budget Bi-Rite Taxes, 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 January 8, 2015 and assigned  
Florida document number L15000004718

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Budget Tax Services, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRET  
JUL 27 AM 9:13  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1500 U.S. 27 South

Enter Florida street address

Avon Park

Florida 33825

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 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, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Babcock, Megan	2606 NE 3rd Avenue	<input type="checkbox"/> Add
		Cape Coral, FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bishop, Andrew	5817 Cherry Road	<input type="checkbox"/> Add
		Sebring, FL 33875	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/10/01 BY 60322  
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