## 15000064975

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. MILLIGAN EXAMINER

APR 1 7 2015

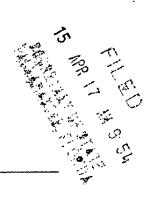
## **COVER LETTER**

TO: Registration Se Division of Cor	
Ameritax	Group, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	Lee Barlas
	Name of Person
	Megastar Advisors, LLC
	Firm/Company
	905 E Martin Luther King Jr. Dr, Suite 600
	Address
	Tarpon Springs, FL 34689
	City/State and Zip Code
	lee@barlaschambers.com  E-mail address: (to be used for future annual report notification)
Buckey to Comment	,
	oncerning this matter, please call:
Rosanne Nobile	727 940-8804
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Chifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ameritax Group, LLC

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

registered agent and/or the new registered of New Registered Agent:  New Registered Office Address:	George Chambers  905 E Martin Luther King  Enter Flor  Tarpon Springs	Jr Dr, Suite 660  rida street address, Florida 34689  Zip Code
Name of New Registered Agent:	905 E Martin Luther King	
Name of New Registered Agent:		Jr Dr, Suite 660
	George Chambers	
registered agent and/or the new registered of		
B. If amending the registered agent and		our records, enter the name of the n
(Mailing address MAY BE A POST OFFICE	BOX)	
Enter new mailing address, if applicable:		10
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new principal offices address, if appli	cable:	
The new name must be distinguishable and end with the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Synergy Tax Group, LLC		
A. If amending name, enter the new name of	of the limited liability company he	<u>ere</u> :
This amendment is submitted to amend the fol	lowing:	
	1119.	
Florida document number <u>L150000</u>	x49n <	

## 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Lee Barlas	905 E Martin Luther King Jr Dr	
		Suite 600	■ Remove
		Tarpon Spring FL 34689	
MGR	George C Chambers	905 E Martin Luther King Jr Dr	<b>B</b> Add
		Suite 600	Remove
		Tarpon Spring FL 34689	
<del></del>			Add
			Remove
			□ Remove
<del></del>			Add Add A
			Add
			□ Remove

D.	If amendi	ng any other ii	nformation, enter cha	nge(s) her	e: (Attach additi	onal sheets, if necessary.)
	<del></del>					
		-				
	The effective	date must be spec	ific, cannot be prior to date			oe more than 90 days after
	Dated Ap		by the Florida Department o	2015		
		Lee Barlas	Signature of a me		orneti representative	of a member
			Т	voed or print	ed name of signee	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00

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