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J. HARRIS

COVER LETTER

Divi	sion of Corpo	orations			
SUBJECT:	BUSINESS A	AND TAX ADVISORY GRO	UP CLEARWATER LLC		
		Name of Limit	ed Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.		
Please return	all correspond	lence concerning this matter to	the following:		
		Michael Faehner, Esq.			
			Name of Person		
		M FAEHNER ESQ LLC			
			Firm/Company		
		600 BYPASS DRIVE SUIT	E 100		
			Address		
		CLEARWATER, FL 33764			
			City/State and Zip Code		
		FILINGS@MFAEHNER,CO			
		E-mail address: (to	be used for future annual repo	ort notification)	
For further in	formation con	cerning this matter, please cal	1:		
MICHAEL J	FAEHNER		727 443 51 at ()		
	Name of F	Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	e of Status &

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, FL 32301

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

BUSINESS AND TAX ADVISORY GROUP CLEARWATER LLC

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

(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on 08/23/2016	and assigned
Florida document number L16000158128		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
BUSINESS AND TAX ADVISORY GROUP LLC		
The new name must be distinguishable and contain the words "Limited Li	ability 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)		
		<u> </u>
Enter new mailing address, if applicable:		122 123
(Mailing address MAY BE A POST OFFICE BOX)		6 22 =
		20
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter</u> nere:	the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			Change
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			□ Remove
			□ Change
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