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# **COVER LETTER**

TO:	Registration So Division of Co					
SUBJE		S AND TAX ADVISORY GRO	OUP CLEARWATER LLC			
		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
		Michael Faehner, Esq.				
			Name of Person	<del></del>		
		M FAEHNER ESQ LLC				
			Firm/Company			
600 BYPASS DRIVE SUITE 100						
			Address		=	<u> </u>
		CLEARWATER, FL 3376	54			
			City/State and Zip Code			3
		FILINGS@MFAEHNER,C E-mail address: (	OM to be used for future annual report notif	ication)	70	. J.
For fur	ther information of	concerning this matter, please c	<u>-</u>	·	F. 03	TANAMIC TESTS
місн.	AEL J FAEHNEI	R	727 443 5190 at (		ភ	
	Name	of Person		e Telephone Number	<u></u>	
Enclose	ed is a check for t	the following amount:				
\$23	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	

MAILING ADDRESS:

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 Fig	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L16000162065	y Company were filed on 08/23/2016	and assigned
This amendment is submitted to amend the following	ç.	
A. If amending name, enter the new name of the l	imited liability company here:	
BUSINESS AND TAX ADVISORY CLEARWATER L	TC	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
,		<b>-</b>
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		10 00 00 00 00 00 00 00 00 00 00 00 00 0
B. If amending the registered agent and/or re registered agent and/or the new registered office a		, enter the name of the new
Name of New Registered Agent:		, S. P
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
Thomas and the management of another and	us and assess to not in this sampaits. I for	than acres to comply with the

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:	suant to 605.0207 (3	3): ne

Page 3 of 3

Filing Fee: \$25.00