117000089245

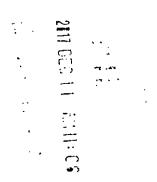
(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. HARRIS

COVER LETTER

	Registration Sec Division of Corp			
21/18/11/22		rofessional Tax Services LLC		
SUBJEC	.1:	Name of Limi	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Jonathan Golden		
			Name of Person	
			Firm/Company	
		4912 Creekside Drive		
			Address	
		Clearwater, FL 33760		
		jg@bostonfinancegroup.con	City/State and Zip Code	
			o be used for future annual report notif	fication)
For furthe	er information co	oncerning this matter, please ca	II:	
Jonathan	Golden		727 497-1661 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
₹ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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: 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

Creekside Professional Tax Services LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/21/2017	and assigned
lorida document number L17000089245		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Creekside Advisors LLC		
he new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	·
		* ************************************
		0.71
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		≥ •
		C
3. If amending the registered agent and/or regist registered agent and/or the new registered office addr		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Proceedings of the	
	Enter Florida street address	;
		orida
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

'acreby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			Change
			Add
			□ Remove
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			□ Add
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			Add
			Remove
			☐ Change

			
			
	 -		
			
			
	date of filing:		(optional)
ctive date, if other than the o	be specific and cannot be prior to	date of filing or more than 90 day	ys after filing.) Pursuant to 605.0
effective date is listed, the date must		ic statutory trung requiremen	its, this tide will not be higher
ctive date, if other than the of effective date is listed, the date must e: If the date inserted in this blo ament's effective date on the De			
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Page 3 of 3

Filing Fee: \$25.00