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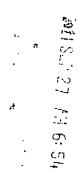
(Requestor's Name)					
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(Business Entity Name)					
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COVER LETTER

	egistration Se livision of Cor				
SUBJECT	GENESIS	TAX SOLUTIONS LLC			
зовосст	•	Name of Lin	nited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		KHAADIJAH REED			
			Name of Person		
	GENESIS TAX SOLUTIONS LLC				
			Firm/Company		
2728 SPRING PARK RD					
			Address		
JACKSONVILLE, FL 32207					
			City/State and Zip Code		
		GTSOLUTIONS@PROTO			
r. c .			to be used for future annual report notif	heation)	
For further	information c	oncerning this matter, please c	all:		
MAXCIE	N WILSON		904 525-1074 at ()		
	Name o	f Person		Telephone Number	
Enclosed is	a check for th	ne following amount:			
≡ \$25.00	Filing Fec	☐ \$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)	
R	ailing Addres egistration S	Section	Street Address: Registration Sec		
Division of Corporations		omorations	Division of Con	norations	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10/11 57 5- - ...

SOLUTIONS LLC	9-1 67 AM 6:54
npany as it now appears on ed Liability Company)	our records.)
	•
ny were filed on $\frac{01/17/2}{1}$	and assigned
ability company here:	
ability Company," the design	ation "LLC" or the abbreviation "L.L.C."
-	
PO BOX 47013	
JACKSONVILLE, F	°L 32247
e address on our recor	ds, enter the name of the new registe
·	
Enter Florida st	reet address
, Florida	
City	Zip Code
	ability Company here: ability Company, "the design PO BOX 47013 JACKSONVILLE, F

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 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 Address	部 6: Aype of Action
MGR	MAXCIEEN WILSON	2728 SPRING PARK RD	■Add
		JACKSONVILLE, FL 32207	□Remove
			□ Change
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Effective date, if other than the date of filing:		(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90 d	avs after filing.) Pursuant to 605 0207 (3)(
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requireme	ents, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, a	12:01 a.m. on the earlie	er of: (h) The 90th day after the
cord is filed.	i i i i i i i i i i i i i i i i i i i	or (b) The roth day after the
Dated		
(i/i)		
Signature of member or authorized	epresentative of a member	,
KHAADIJA	H REED	

Typed or printed name of signee