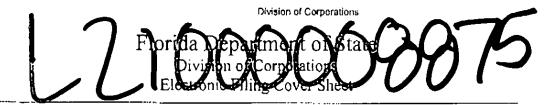
9/9/21, 2:47 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000335578 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GASSMAN, CROTTY & DENICOLO, P.A. Account Number : 075350000514 : (727)442-1200 Phone Fax Number : (727)443-5829 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:___

2021 SEP -9

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AWP TAX PLANNING, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 1 0 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

Audit Fax# H21000335578 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	2021
AWP TAX PLANNING, L.L.C.		SEP :
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 12/30/2020	and assigned
Florida document number L21000008875		
This amendment is submitted to amend the following:)
A. If amending name, enter the new name of the lim	ited liability company here:	
AWP TAX & TRUST SOLUTIONS, U.L.C.		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDE	<u>YESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zlp Code

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

Audit Fax# H21000335578 3
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

Title	<u>Name</u>	Address	Type of Action
			bbAD
			[]Remove
			□Change
			□ ∧dd
		 -, <u>-</u>	□Remove
			Change
			□Rcmove
			Change
			Dbd
			□Remove
			LT Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			🗀 Change

e, if other than the date it is listed, the date must be ate inserted in this block fective date on the Department and delayed effective determinent of the Department of the	k does not meet the ariment of State's relate, but not an effective, but not an effective, but not an effective gnature of a member of	applicable statutory cords.	filing requirements	s, this date will not	t be listed as the day after the
ate inserted in this block fective date on the Depa less a delayed effective d btember 7	k does not meet the ariment of State's relate, but not an effect	applicable statutory cords.	filing requirements	s, this date will not of: (b) The 90th c	t be listed as the
ate inserted in this block fective date on the Depa	k does not meet the artiment of Stute's re	applicable statutory cords.	filing requirements	s, this date will not	t be listed as th
ate inserted in this block fective date on the Depa	k does not meet the a artment of State's re	applicable statutory cords.	filing requirements	s, this date will not	t be listed as th
if other than the da	are ar minna:				
	# Cl'			ontional	
···					- -
		~			
			•		
		··,			