(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

PLEASE USE FUNDS FROM ACCT: AUTHORIZATION SIGNATURE:				
BIGPAC TAX SERVICES LLC	DOCUMENT #: L210005115397			
Business Name	Document Number, (if known):			
Walk in	Pick up time			
Mail out	Will wait			
Photocopy				
Certified Copy of				
Certificate of Status				
NEW FILINGS	<u>AMMENDMENTS</u>			
Profit Not for Profit Limited Liability Domestication Other CORP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion			
OTHER FILINGS	REGISTERATION/QUALIFICATIONS			
Annual Report	Foreign filing Limited Partnership			
Fictitious Name	Reinstatement Statement of Authority			
APOSTIL ()	Other			

COVER LETTER

TO:

TO: Registration Se Division of Cor				
	AX SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ricardo Joseph			
		Name of Person		
	BIGPAC TAX SERVICES	SILC		
		Firm/Company		
	900 NE 209TH TER APT.	102		
		Address		
	MIAMI, FL 33179			
		City/State and Zip Code		
	jsph_rcrd98@yahoo.com	to be used for future annual report not	Monton	
For further information c	oncerning this matter, please ca		meanuny	
Ricardo Joseph		561 647-1321 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 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 Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIGPAC TAX SERVICES LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	<u>r records.</u>)
he Articles of Organization for this Limited I lorida document number L21000515397		y were filed on 12/06/202	and assigned
his amendment is submitted to amend the fol			
. If amending name, enter the new name of	of the limited lia	bility company here:	
DaFirm Tax Services LLC			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
		 	
Enter new mailing address, if applicable:		N/A	-3
<u>Mailing address MAY BE A POST OFFICE</u>	<u>EBOX)</u>		
			THE COM
3. If amending the registered agent and/or	registered office	address on our records	, enter the name of the new regin
gent and/or the new registered office addre	ess nere:		e stra
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	et address
	N/A		, Florida N/A
		City	Zin 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 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
N/A	N/A	N/A	□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	•						
D. If amen N/	ding any other infor	mation, enter ch	ange(s) here:	(Attach additio	onal sheets, if n	ecessary.)	
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	7.744						
E. Effectiv	re date, if other than tive date is listed, the date If the date inserted in thi	the date of filing must be specific and	cannot be prior to	date of filing or m	ore than 90 days a	ptional) fter filing.) Pursuant to this date will not be	o 605.0207 (3)(b)
documer	nt's effective date on th	e Department of St	ate's records.	ne statutory trial.	8 rodan ememor		
If the record record is file	specifies a delayed effe d.	ective date, but not a	an effective tim	e, at 12:01 a.m.	on the earlier of	(b) The 90th day	after the
Dated _	anuary 14	,	2022	_•			
	Bicardo Joseph						
	9983AA2D3BA74E9	Signature of a m	nember or author	ized representative	of a member		_
	Ricardo Joseph						
			Typed or printed	name of signee	· · ·		_

PULL PLANCE A