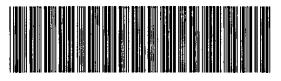
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

| TO: | Registration Sec Division of Corp | ction porations | | | |
|----------|--------------------------------------|--|--|-------------------------|-----------------|
| CY ID II | | TAX SERVICE, LLC | | | |
| SUBJI | ECI; | Name of Limi | ted Liability Company | | |
| | | | | | |
| The en | closed Articles of | Amendment and fee(s) are subr | nitted for filing. | | |
| Please | return all correspon | ndence concerning this matter t | o the following: | | |
| | | LORI M. DORMAN, ESQ. | | | |
| | | | Name of Person | | - |
| | | BAKER, PAUL & DORM | AN | | |
| - | | | Firm/Company | | - |
| | - | 515 9TH ST E, SUITE 100 | | | |
| | | | Address | | - |
| | | BRADENTON, FL 34208 | | | |
| | | | City/State and Zip Code | | _ |
| | | loridorman@bpdlawoffice.c | om | | |
| | | E-mail address: (t | o be used for future annual r | report notification) | |
| For fu | rther information co | oncerning this matter, please ca | ıll: | | |
| LORI | M. DORMAN, ES | Q. | 941 747 at () | 7-0888 | |
| | Name o | f Person | Area Code | Daytime Telephone Numbe | er |
| Enclos | sed is a check for th | ne following amount: | | | |
| □ \$2 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is encl | Certification Certified | ate of 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

| SUNSHINE TAX SERVICE, LLC | | | |
|---|--|---|--------------------|
| (Name of the Limite | d Liability Company as it A Florida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited Lia Florida document number L07000092718 | ability Company were | filed on <u>09/11/2007</u> | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liability co | ompany here: | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Con | mpany," the designation "LLC" or the abbi | reviation "L.L.C." |
| Enter new principal offices address, if applica | ıble: | | 36 PE |
| (Principal office address MUST BE A STREE | T ADDRESS) | | FE CRE |
| | | | B I |
| | | | SE SE |
| Enter new mailing address if applicables | | | 3 |
| Enter new mailing address, if applicable: | | - | 7 CV |
| (Mailing address MAY BE A POST OFFICE) | <u> </u> | | ROA ROA |
| B. If amending the registered agent and/or the new registered of | | nddress on our records, enter t | he name of the new |
| Name of New Registered Agent: | LORI M. DORMAN, | ESQ. | |
| New Registered Office Address: | 515 9TH ST E, SUITE | E 100 | |
| TOW RESISTENCE OFFICE PROJECTS. | | Enter Florida street address | |
| | BRADENTON | , Florida ³⁴²⁰ | 08 |
| | C | ity | Zip 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

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 |
|--------------|-------------------|---------------------|----------------|
| MGR | STEPHANIE O'BRIEN | 7830 CORTEZ RD | Add |
| | | BRADENTON, FL 34210 | ☐ Remove |
| | | | ☐ Change |
| MGR | MARY C. KUCHA | 7830 CORTEZ RD | |
| | | BRADENTON, FL 34210 | ☐ Remove |
| - | | | ☐ Change |
| | | | D Add |
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| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of f | filing or more than 90 days after filing.) Pursuant to 605.020 |
| te: If the date inserted in this block does not meet the applicable statut cument's effective date on the Department of State's records. | tory filing requirements, this date will not be listed as |
| | |
| record specifies a delayed effective date, but not an effe | ective time, at 12:01 a.m. on the earlier o |
| he 90th day after the record is filed. | |
| FEBRUARY 9 2018 | |
| ded TEBROARY , 2018 | 11 |
| Mark State | home |
| | · • • • |
| Signature of a member or authorized repre | esentative of a member |

Page 3 of 3

Filing Fee: \$25.00