L100000041864

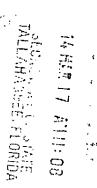
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J. Shares MAR 1 8 2014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Taxprep1,llc		
	ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	the following:	
A. William Fo	orness, Jr	
	Name of Person	<u></u>
	Firm/Company	
2221 Lee Ro	ad Suite 15	
	Address	
Winter Park,	FL 32789	
hfama - @iaaliaa	City/State and Zip Code	
bforness@jacksor E-mail address: (to	be used for future annual report r	otification)
For further information concerning this matter, please call	l:	
a.william forness, jr	at (<u>407</u>) <u>965</u> 4	1229
Name of Person ·	Area Code Day	time Telephone Number
Enclosed is a check for the following amount:		. •
■ \$25.00 Filing Fee	☐ \$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

Taxprep1,LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L1000041864</u>	Company were filed on April 19, 2010	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
ssofl, LLC		
The new name must be distinguishable and end with the words "L	Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		e name of the new
		•
Name of New Registered Agent:	VIII A	6. 7
	I>	
New Registered Office Address:	Enter Florida street address	
	ក់។	
	City, Florida	Zin Code
New Registered Agent's Signature, if changing Register	<u>ි</u>	
		် တိ
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I am fan agent as provided for in Chapter 605, F.S. Or, if red office address, I hereby confirm that the limit	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
			Remove
			
<u> </u>			Add
			Remove
			□ Add
			Remove
			
			Remove
		····	□ Add
			Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	1
	—
Effective date, if other than the date of filing:	
Dated March 11, 2014	
Signature of a member or apthorized representative of a member	
A. William Forness, Jr Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

TALLAHIS A STAINE