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SEGRETARY OF STATE
PALLAHASSEE, FI 0916

J. SAULSBERRY EXAMINER

AUG 2 2011

COVER LETTER

TO: Registration Se Division of Cor	ection porations				
SUBJECT:	Papic TAX So	dutions, LC			
-	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	-Rosaly-	Colón Name of Person			
	Magic TA	Solutions LC Firm/Company	<u></u>		
	2[1 N]. Ja	shn young Alway	<i>y</i> ·	ZBII AU SEGRE TALLAH	بنيوت
	Listina	City/State and Zip Code		AUG-I RETARY AHASSEI	=
,	Mund ac Æ-mail address: (1	Hax D gmoil Co o be used for atture annual report notific	cation)	AH 9	
For further information of	concerning this matter, please c	all:		75. 10A	,
Locali	RIV		700		
Name o	of Person	at (<u>32/) </u>	Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	sed)

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

(Name of the Limited Liabi	dity Company as it now appears on da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability		1/10/20/1 and assigned		
This amendment is submitted to amend the following	;:			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	7 2		
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 a	gistered office address on our	FEGRETARY OF STATE DESCRIPTION OF the new records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Florida			
	City	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title** Name Address Joseph A. Conzalez MBRH Rusaly Colon 12/8 La Furtura Blud. Kinimare II. 34744 🔽 Add ___ Remove Remove □Add _ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change the title from MBR Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00