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COVER LETTER

TO: Registration Division of C								
ACCOR SUBJECT:	ACCORD TAXX SERVICES, LLC							
SUBJECT:	Name of Limited Liability Company							
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.						
Please return all corres	spondence concerning this matter	to the following:						
	JOHN MALDONADO							
		Name of Person						
		Firm/Company						
	3586 ALOMA AVE #10							
		Address						
	WINTER PARK, FL 3279	2						
	JOHN@ACCORDGROUP	City/State and Zip Code S.COM						
		to be used for future annual report notific	cation)	* *	Ξυ.			
For further informatio	n concerning this matter, please c	all:) 10.55	55 55			
JOHN MALDONAD	O	407 647-2101 at ()		20 444 15	40F			
Nan	e of Person	Area Code Daytime	Telephone Number	72.1	0 4403 40 X			
Enclosed is a check for	or the following amount:			2: 50	RATIONS			
≡ \$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)		N S			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCORD TAXX SERVICES, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our recor Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 01/10/2011	and assigned
Florida document number L1100003619		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
ACCORD TAX SERVICES GROUP, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		>
•		OK CE
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Enter new mailing address, if applicable:	<u></u>	क रिन
(Mailing address MAY BE A POST OFFICE BOX)		2
		2: Allow
		τ_{O}
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here.		
N 21 2 1		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	Torida
	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 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
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			Remove
			Change
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Filing Fee: \$25.00