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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LISPERITY TAX Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolyn Aguis
Insperity Tax Sarvices
1263 SW 46th Ave
Dompano Beach, FL 33069 City/State and Zip Code in Sperity Financial group a gmail.com E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Carolyn Agus at (994) 618 - 3227 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Solong Filing Fee} \& \text{Certified Copy} \\ (additional copy is enclosed) \$\ \text{Certified Copy} \\ (addit

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

Insperity Ta	L Services, C	LIC
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears of a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	98 23 20 and assigned
Florida document number <u>L1106009665</u>	<u>54</u> .	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company	"the designation "LLC" or the abbreviation
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)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
	City	, Florida 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 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:

1

MGR = Manager

MGRM = Managing Member <u>Title</u> Name Address **Type of Action** ☐ Add Remove Add 🔲 Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/06/2011 sathorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00