L11000136343

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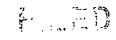
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pier Ridge Financial LCC 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:
Name of Person
Three Bridges Advisit
817 E Congres St. Address
Ta-pa FL 33603 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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 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



Piar Page Finan	cial L	LC	2022 HAY 19 PM 12: 00
Pier R. dge Finance (Name of the Limited Liability Compa (A Florida Limited L			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liability Company	were filed on	12/02/	<u>12011</u> and assigned
Florida document number <u>411000136343</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Tax Pros Financia La The new name must be distinguishable and contain the words "Limited Liabi			or the abbreviation "L.L.C."
	, , .	-	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
Truncipal office dadress webs DE .10 man 1 man 1			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our t	records, enter t	he name of the new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Fl.	orida street address	
		, Flo	rida Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and ag	ree to act in this	capacity. I fur	ther agree to comply with the

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>	Name	Address	Type of Action
AMBR	Anibal D Cabrera	817 E Conover St. To	-p. ft 33603
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Note: If the da	. if other than the date of filing: e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the inserted in this block does not meet the applicable statutory filing requirements, this date will not be lective date on the Department of State's records.	905.02 isted :
ne record specifiord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter th
Dated <u>Mc</u>	y 191 2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00