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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
FAST TAX	XPRESS, LLC		
SUBJECT:	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEANNIE F MICHAUD		
		Name of Person	
	FAST TAX XPRESS, LLC	2	
		Firm/Company	
	7860 W COMMERCIAL	BLVD #764	
	-	Address	
	LAUDERHILL, FL 33351		
		City/State and Zip Code	
	JEANNIEFPAUL@YAHO	O.COM to be used for future annual report notil	Nant (au)
For further information c	oncerning this matter, please c	•	neactor)
JEANNIE F MICHAUD	-	561 809-8521	
	f Person		e Telephone Number
Name o	il Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
\$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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAST TAX XPRESS, LLC

1. 218. 17 1 7 7 18 P

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on 10/29/2013	and assigned
Florida document number 1.13000152360	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
		7860 W.COMMEDCIAL	DLVD 4764
Enter new mailing address, if applicable:		7860 W COMMERCIAL BLVD #764  LAUDERHILL, FL 33351	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	LAODERHIEL, 1 E 3333	1
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:		ddress on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:	7860 W COMM	IERCIAL BLVD #764	
They registered office reduces.	- <del></del> -	Enter Florida street a	uldress
	LAUDERHILL		Florida 33351
		City	Zip Code
New Registered Agent's Signature, if changing I			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete <sub>i</sub> stered agent as p registered office	performance of my dutie rovided for in Chapter (	es, and I am familiar with and 505, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
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	Signature of almemb	per of authorized representative of a member
	- 9	
	Type	ed or printed name of signee

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