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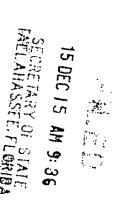
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COVER LETTER

Division of Co			
SUBJECT:		utions, PLLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Joann	a Hoover Name of Person	
	CPA TO	Eirm/Company	Puc
	500 1	ow 6th Str.	eet
	Okeech	City/State and Zip Code	34972
	joanna (C) E-mail address: (putax Solutions to be used for future annual report n	otification)
For further information of	concerning this matter, please ca	all:	
<u>Joanna</u>	HOOVE of Person	at (<u>863</u>) 357 Area Code Days	7-1099 imc Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	S30.00 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)
/ Regist	LING ADDRESS: ration Section	Registration Sec	
/ ' P.O. B	on of Corporations Box 6327 assee, FL 32314	Division of Corp Clifton Building 2661 Executive Tallahassee, FL	Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ CPA Tax Solutions, PLLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on! Florida document numberL13060156811	17/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CPA Tax Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: Name of New Registered Agent:	r records, enter the name of the new
	SET 15
New Registered Office Address: Enter Florida s.	treet address
	. Florida M. A. S.
City	7in 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
-			
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Typed or printed name of signee

Filing Fee: \$25.00