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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HARRIS ACCOUNTING & TAX SENIZCES 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:
HAKES ACCOUNTING & TAX SOUTHONS. Firm/Company
9502 BUE BLAZES RS Address
City/State and Zip Code Charis. hats. 11c e gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALGY L HARRIS at (\$50) 766-8733 Name of Person 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) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURTER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ted Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _________________________________and assigned Florida document number L1400004451a This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 240ITUJOC XAT S The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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 records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> Address Name AMBR 4502 BLUG BLAZES RD ISARELLE BONHAM TAUAHALIGE, FL 32309 Remove Remove Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
-	
E. Effect If an effe	ive date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b
Dated	MAKCH 25, 2014.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00