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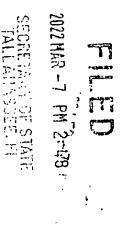
(Re	questor's Name)	····
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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A. BUTLER MAR 18 2022

COVER LETTER

TO:

Tallahassee, FL 32314

ΓO: Registration So Division of Cor			
Plus Accou	nting & Tax Services LLC	,	•
5013EC1.	· Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Wendy Morales		
		Name of Person	
	MGR		
		Firm/Company	
	3500 SW 124 CT		
		Address	
	Miami FL, 33175		
		City/State and Zip Code	
	acctandtaxserv@gmail.com	to be used for future annual report	antification)
For further information c	oncerning this matter, please c	·	nomeation)
	oncerning this matter, prease c		o.
Wendy Morales		786 250-872 at ()	
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for the	ne 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 Addres	s:	Street Addres	s:
Registration S	Section	Registration Section	
Division of C P.O. Box 632			Corporations of Tallahassee
1.O. DOX 032	. 1	The Centre	or ramanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Plus Accounting & Tax Services LLC

(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 Liability Company	were filed on 05/24/2014	IALLAHAS ENTATE
Florida document number L14000086074		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Plus Accounting & Immigration Services LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3500 SW 124 CT	
(Principal office address MUST BE A STREET ADDRESS)	Miami FL, 33175	
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 records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	iras.
	,	Florida Zip Code
	City.	zą coac

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 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

Title	Name	Address	Type of Action
			□Remove
			□Change
			□ Add
	 	□Remove	
		[]Change	
			□Add
		□Remove	
			☐Change
		 	
		□Remove	
	·	□Change	
			□Add
		□Remove	
		[]Change	
		□Add	
			□Remove
			□Change

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riee .	
(If an ef Note:	ive date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	(John Janes Land Land Land Land Land Land Land Land
	Signature of almombutor authorized representative of a member