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DIVISION OF CORPORATIONS

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COVER LETTER

то:	Registration Section Division of Corporations
CHD	United Tax and Multi services
SUBJ	Name of Limited Liability Company
The e	losed Articles of Amendment and fee(s) are submitted for filing.
Pleas	eturn all correspondence concerning this matter to the following:
	Daniva Octavien And James Paul
	Name of Person
	United Tax and multi services
	Firm/Company
	602 nw 13th street 38
	Address
	Boca raton FL 33486
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fi	her information concerning this matter, please call:
Dani	Name of Person
	d is a check for the following amount:
S	.00 Filing Fee Salo.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United tax and Multi services		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
lorida document number L15000192995		
this amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	MA OR
		OF CALL
		A POP
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		PO 50 F
3. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		ls, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addre	'SS
		lorida
	City	Zip 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, 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>	Address	Type of Action
MGR	James Paul	602 nw 13th 38 Boca raton fl 33486	■ Add
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			Change
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			Remove
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effective date is listed,	er than the date of fili , the date must be specific a	and cannot be prior to	date of filing or more	(optional	g.) Pursuant to	605.020
te: If the date inserte cument's effective da	ed in this block does no ate on the Department o	t meet the applicat f State's records.	ole statutory filing re	quirements, this dat	e will not be l	listed a
record specifies The 90th day afte	a delayed effective er the record is file	e date, but not d.	an effective tim	e, at 12:01 a.m	, on the ea	rlier o
.4/27/18		_,	•			
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Filing Fee: \$25.00