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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2019 FEB -6 PM 5: 25

C. GOLDEN FEB 12 2019

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	THE TAX	EXPERTS & BOOKKEEPING	G "LLC."	• •
ouble.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
			SANJO G. ALLEN	
			Name of Person	
		THE TAX	EXPERTS & BOOKKEEP	ING "LLC."
			Firm/Company	
		2	2077 SOUTH DIXIE HWY	
			Address	
			MIAMI, FL 33170	
		SANJOA	City/State and Zip Code	°S.COM
		E-mail address: (to be used for future annual repo	ert notification)
or further in	nformation c	oncerning this matter, please ca	all:	
	SANJO (G. ALLEN	786 383-84	29
	Name o	f Person		Daytime Telephone Number
olocad is a	ahaali fartl	he following amount:		
	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/CO Registration Division of C Clifton Build	Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

THE TAX EXPERTS & BO	OOKKEEPING "LLC."		2019 FEB -6 PM 5: 25
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL16000022987		02/02/2016	TALLAHASSEE, FL and assigned
This amendment is submitted to amend the follow	ing:		
1. If amending name, enter the new name of the	ne limited liability company her	<u>re</u> :	
he new name must be distinguishable and contain the word		signation "LLC" or	the abbreviation "L.L.C."
rincipal office address MUST BE A STREET	ADDRESS)		
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BO			
If amending the registered agent and/or stered agent and/or the new registered offic		our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
	City	, Florid	aZip Code
	Cuy		zip Code

egistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 'iled to merely reflect a change in the registered office address, I hereby confirm that the limited liability my 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	LUIS A. VADI	22077 SOUTH. DIXIE HWY. MIAMI, FL 33170	■ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			D Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
-			Add
			□ Remove
			Change

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1	FEBRUARY 1ST	2019	
Signature of a member or authorized representative of a member	<u> </u>		
Signature of a member or authorized representative of a member	- i ujo Pal	'L	
	Si	nature of a member or authorized representative of a member	
		JO G. ALLEN	
Typed or printed name of signee		t yped of printed name of signed	

Page 3 of 3

Filing Fee: \$25.00