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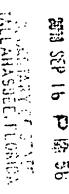
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Div	ision of Cor	porations		₹ 			
SUBJECT:	MOMENTUM TAX ACCOUNTING & CONSULTING LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		JULIA KIM					
		Name of Person MOMENTUM TAX ACCOUNTING & CONSULTING LLC					
		Firm/Company 6996 PIAZZA GRANDE AVE 202					
		Address ORLANDO, FL 32835					
		City/State and Zip Code RA@MOMENTUMTAC.COM					
For further in	nformation c	E-mail address: (concerning this matter, please ca	to be used for future annual report not	ification)			
UN TUNG (reng		407 440-3379 at ()				
	Name o	of Person		ne Telephone Number			
Enclosed is a	a check for t	he following amount:					
■ \$25.00 F	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 a Certified Copy (additional copy is enclose			
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COUR Registration Section Division of Corpo	on				

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

MOMENTUM TAX ACCOUNTING & CONSULTING LLC

The Articles of Organization for this Limited Liability Company were filed on O4/08/2016 HETER OF STATE AND THE TABLE HASSEEF FLORIDA Florida document number L16000070292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MOMENTUM XP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 the nar registered agent and/or the new registered office address here: **UN TUNG TENG** Name of New Registered Agent: 6996 PIAZZA GRANDE AVE SUITE 202 New Registered Office Address: Enter Florida street address ORLANDO City

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liat company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered A

or removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Ty
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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prick does not meet the appl	icable statutory filing re	
the record specifies a delayed e) The 90th day after the recor		not an effective tim	e, at 12:01 a.m. on the e
Dated SEPTEMBER 13	2019	<u> </u>	
220	gnature of a member or aut	thorized representative of	a member
JULIA KIM			
	Typed or pri	nted name of signee	

Page 3 of 3

Filing Fee: \$25.00