## 1160000 91131

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	current Number)	
Dertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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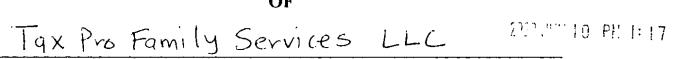
C. GOLDEN JUN 2 6 2020

## **COVER LETTER**

TO: Registration Sec Division of Corp	orations		
SUBJECT: Tax	Pro Family	Services	LLC
SOBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Christop	her Eugene Name of Person	> 
	Tax Pro 1	Family Service.	s LLC
		Firm/Company	
	1722 Sher	idan Street #	231
		Address	
	Hollywoo	d, FL 33020 City/State and Zip Code y Services@gmai	D .
	Taxamfamil	City/State and Zip Code	1 (7)
		o be used for future annual report notif	
r further information co	ncerning this matter, please ca	II:	
Christop	her Eugene	305 542	-0195
Name of	Person	at (305) 542 Area Code Daytime	: Telephone Number
osed is a check for the	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 Address:		Street Address:	tion
Registration Se Division of Co		Registration Sec Division of Con	
P.O. Box 6327	•	The Centre of T	allahassee
Tallahassee, FI	J 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



05 04 2016 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L</u> 160000 91131 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: tro God LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1722 Shevidan Street # 231 inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: viling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered t and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## gistered Agent's Signature, if changing Registered Agent:

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ass of all statutes relative to the proper and complete performance of my duties, and I am familiar with and be obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ed to merely reflect a change in the registered office address, I hereby confirm that the limited liability has been notified in writing of this change.

City

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ord specifies a del filed.	ayed effective da	te, but not	an effective	time, at 12:	OI a.m. on th	e earlier of: (	b) The 90th	day after the
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Filing Fee: \$25.00