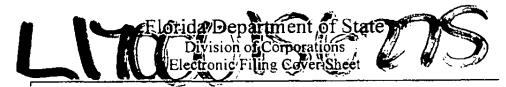
Division of Corporations

To: (850)6176383,23758

Page: 3/6

Date: 8/22/2017 12:25:05 PM

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000223290 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARKS GRAY, P.A.

Account Number : I20040000191

Phone Fax Number

: (904)398-0900 : (904)399-8440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ecarter@marksgray.com Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAXMASTER, U.S., LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D. SCOTT

AUG 2 3 2017

Electronic Filing Menu

Corporate Filing Menu

Help

8/22/2017

From: GFI FaxMaker To: (850)6176383,23758 Page: 4/6 Date: 8/22/2017 12:25:05 PM

(((Ht 7000223290 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TaxMaster, U.S., LLC	"U "	
(Name of the Limited Limbility C	ompany as it now appears on our records.)	
(A Florida Lim	nited Liability Company)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 07/20/2017	and assigned
lorida document number L17000156275		
This amendment is submitted to amend the following:		
ins whenthent is submitted to when the following.		
L. If amending name, enter the new name of the limited	i liability company here:	
TaxMaster.US, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ub	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	55)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or register	red office address on our records, <u>enter</u> ss here:	the name of the new
TOURISE AREIN MINOR THE BOW TORING TO STATE THE PERSON OF		
Name of New Registered Agent:		
Name of New Negistered Agent.		ا بر ا
New Registered Office Address:	Enter Florida street address	 ,
	Plantin	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	9
I hereby occept the appointment as registered agent an		eree to comply with the
provisions of all statutes relative to the proper and con	mplete performance of my duties, and I am	familiar with and
accept the obligations of my position as registered age	ent as provided for in Chapter 605, F.S. Or	r, if this document is
being filed to merely reflect a change in the registered company has been notified in writing of this change.	office adaress, i nereby confirm that the ti	тпец пиониу
	If Changing Registered Agent, Signature of New I	Registered Agent

Page 1 of 3

From: GFI FaxMaker To: (850)6176383,23758 Page: 5/6 Date: 8/22/2017 12:25.05 PM

(((Ht 7000223290 3)))

If amending Authorized Person(s) authorized to manage,	, enter the title, name, and address of each person being at	ided
or removed from our records:		-Ham

MGR = N AMBR = A	lanager Authorized Member		
Title	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			□ Remove
	•		□ Change
			D Add
			☐ Remove
			Change
			D Add
			□ Remove
			Change:
			□ Add ·> ·¬
			☐ Remove
			□ Add
			CI Remove
			□ Change

Page 2 of 3

From: GFI FaxMaker To: (850)6176383,23758

Page: 6/6 Date: 8/22/2017 12 25:05 PM

(((Ht 7000223290 3)))

		······································						
						 		
							·	
			 					
				· · · · · · · · · · · · · · · · · · ·				
			· · · · · · · · · · · · · · · · · · ·					
		•				•		
							· · · · · · · · · · · · · · · · · · ·	
			·					•
								
								•
							· · · · · · · · · · · · · · · · · · ·	•
					······································			
rw	ation dans if at		C (111			/		
II an c Note	effective date is listed. If the date inse	ed, the date must be s	pecific and canno loes not meet ti	et be prior to date of ne applicable statu	filing or more than 90 tory filing requires	days after filing.)	Pursuant to 60: vill not be list	5.0207 (3) ệd as the
							-	· .
he re Th	ecord specifie ie 90th day af	s a delayed eff ter the record	ective date, is filed.	but not an eff	ective time, at	12:01 a.m. o	n the earli	er of:
	_	(-			- -
Date	o <u>Auzus</u>	+ 22,	20	17 				L., 15 0
	/	1						0
	— /	Sign	awe of a memb	er or authorized rep	esentative of a mem	xer	 , ,	

Page 3 of 3

Filing Fee: \$25.00

٠. .