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SECRETARY OF STATE
FALLAHASSEE, FLORID

COVER LETTER

| TO: | | istration Sec ision of Corp | | | |
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| SUBJE | СТ | | s Installation and Consulting | Services, LLC | |
| SOBJE | ci. | | Name of Lim | ited Liability Company | · |
| The enc | losed | Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn | all correspon | dence concerning this matter | to the following: | |
| | | | Denise Mensa-Cohen, EA | | |
| | | | | Name of Person | |
| | | | TaxGenuity, Incorporated | | |
| | | | | Firm/Company | |
| | | | 1818 Drew Street | | |
| | | | | Address | |
| | | | Clearwater, FL 33765 | | |
| | | | | City/State and Zip Code | |
| | | | ClientCare@TaxGenuity.co | | |
| | | | E-mail address: (| to be used for future annual report | notification) |
| For furtl | her in | formation co | ncerning this matter, please co | all: | |
| Denise 1 | Mens | a-Cohen, EA | | 727 330-3500 at () | |
| | | Name of | Person | Area Code Day | rtime Telephone Number |
| Enclose | d is a | check for the | following amount: | | |
| □ \$25. | .00 F | iling 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:

TO:

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

| ing Services, LLC | |
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| Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| ility Company were filed on 08/23/2017 | and assigned |
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| s "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
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| | Liability Company as it now appears on our records.) Florida Limited Liability Company) ility Company were filed on 08/23/2017 ing: ing: is "Limited liability company here: s "Limited Liability Company," the designation "LLC" or the le: 4DDRESS) registered office address on our records, entre e address here: Enter Florida street address , Florida |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective date, if other than the date of filing: | (optional) |
| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of lote: If the date inserted in this block does not meet the applicable stat | |
| ocument's effective date on the Department of State's records. | |
| | Charles binns at 17,01 and an the souther |
| e record specifies a delayed effective date, but not an ef The 90th day after the record is filed. | rrective time, at 12:01 a.m. on the earlier |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00