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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT: A	DVANCED A	MERICAN TAX ited Liability Company	LLC		
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The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Derren Joseph				
	 	Name of Person	 		
	; * · · · · · · · · · · · · · · · · · ·				
		Firm/Company			
	20801 Biscayne Blvd, Sui	te 403,			
		Address			
	Miami ,Florida 33180				
		City/State and Zip Code	200		
	Derren@AdvancedAmericanTax.com E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please c	•	ication)	TILE	
Derren Joseph		305 517 7991	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	7 8	
Name o	of Person		Telephone Number		
Enclosed is a check for t	he 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 Certificate o Certified Co _j (additional copy	f Status & Py	

MAILING ADDRESS:

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

DU ANCED (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number <u>L1</u> 7-000 182 002 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) c/o Derren Joseph Enter new mailing address, if applicable: 20801 Biscayne Blvd, Suite 403, Miami ,Florida 33180 (Mailing address MAY BE A POST OFFICE BOX) Π B. If amending the registered agent and/or registered office address on our records, enter the name_of_the new registered agent and/or the new registered office address here: U Derren Joseph Name of New Registered Agent: 20801 Biscayne Blvd, Suite 403, New Registered Office Address: Enter Florida street address Miami, Florida 33180 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 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

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	 	Signature of a	member or aut	orized represen	tative of a member	er	•	

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Filing Fee: \$25.00