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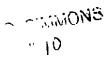
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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
STIB IE7		E CHAMBERS TAX GROUP	LLC	
SUBJE.	∪1;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LEE BARLAS MGR		
		BARLAS & CHAMBERS	Name of Person TAX GROUP LLC	
		905 E MARTIN LUTHER	Firm/Company KING JR DRIVE SUITE 660	
		TARPON SPRINGS FL 3-	Address 4689	
		LEE@BARLASCHAMBE	City/State and Zip Code RS.COM	
			to be used for future annual report noti	fication)
		oncerning this matter, please ca		
LEE BA		f Person	727 474-0382 at () Area Code Daytim	e Telephone Number
	same o	rreson	Atea Code Dayum	e Telephone Number
Enclosed	l is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	on

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARLAS & CHAMBERS TAX GROUP LLC

(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 OCTOBER 10, 2017 and assigned Florida document number L1700020909474 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BARLAS TAX & FINANCIAL GROUP LLC 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) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GEORGE CHAMBERS	905 E Martin Luther King Jr Drive	
		Ste 660	D 7400
•			■ Remove
		Tarpon Springs FL 34689	
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Effacti	JANUARY 1, 2019 ve date, if other than the date of filing:
(If an eff <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Becenter 36 44 2018.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00