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COVER LETTER

TO: Registration Se Division of Cor			
	EF SPECIALISTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	JOSEPH SORTOR		
		Name of Person	
	TAX RELIEF SPECIALIS	STS LLC	~2
		Firm/Company	22
	1044 E BRANDON BLVI)	
		Address	
	BRANDON, FL 33511		-
		City/State and Zip Code	• (
	joe@97tax.com	to be used for future annual report noti	<u> </u>
For further information of	E-mail address: (concerning this matter, please c		ncation)
JOSEPH SORTOR		813 597-5493	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for ti	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 632		The Centre of 7	Tallahassee e Street, Suite 810
Tallahassee,	LT 27214	Z415 IV. MONTO	c succi, suite ore

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAX RELIEF SPECIALISTS LLC			
(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our i ility Company)	ecords.)	
The Articles of Organization for this Limited Liability Company we	re filed on 10/26/2017		and assigned
Florida document number L17000222327			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
TRS TAX SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		**	i
1 mespus office address most beautiful and meson			•
-			
			<u>.</u> `
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
_			<u> </u>
			CO CO
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, g	enter the nam	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		_, Florida	
	City		Zip Code

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>	Address	Type of Action
			[] Add
			□ Remove
			□Change
			Remove
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Tective date, if other than the neffective date is listed, the date mute: If the date inserted in this becament's effective date on the I	lock does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delaye The 90th day after the re		ve time, at $12:01$ a.m. on the earlier α
ted April 20	2021	
	/ Soft	
	Signature of a member or authorized represents	ative of a member

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Filing Fee: \$25.00