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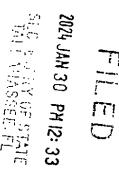
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Trustworthy Tax Services LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pearline Pierre	
Trustworthy Tax Services LLC	
2901 W carland Park BIVD STE	2 B20
Oakland Park Fl 33311 City/State and Zip Code	
Lovely fax 81 at 6 mail. com E-man address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Pecurline C Pierre at (561) 939-8355 Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trustworthy Jax S (Name of the Limited Liability Comp. (A Florida Limited)	ervices LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 17003477	y were filed on	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Succession The new name must be distinguishable and contain the words "Limited Liab	and more LLC	viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A (P)	2024.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A A A SECTION OF THE PARTY OF T	FILED JAN 30 PM 12: 33
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name o	f the new registered
Name of New Registered Agent: New Registered Office Address:	MIA Enter Florida street address	
	, Florida	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 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
	<u> </u>		□Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
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		_// / 1	□Add
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			□Change
			□ Add
			□Remove

				
				
effective date is list e: If the date inse	ther than the date of file ted, the date must be specific a erted in this block does no endate on the Department of	and cannot be prior to date of of meet the applicable state	(option of filing or more than 90 days after atory filing requirements, this	filing) Pursuant to 605 020
cord specifies a de	elayed effective date, but r	not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after th
ed 1-90	7-24	_,,		
	R			
	Signature of	a member or authorized repr	esentative of a member	