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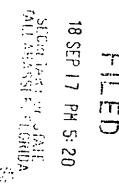
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COVER LETTER

Division of Co				
SUBJECT:	Specially-	Torx Experts U		
	Name of Lim	ited Liability Company		
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Signa Doble Name of Person Specially Tax Experts Film/Company 2561 Moonstone Bend Address Kiscinnae Fl. 34756 City/State and Zip Code Specially Fax experts E-mail address: (to be used for future annual report notification) per information concerning this matter, please call:			
riease return an correspo	ondence concerning this matter	to the following.		
	Sash	Name of Person		
	Spec	ially Tax Expe	<u>rts</u>	
	2-861 Moons	bre Berd Address		
	Kissimme F	City/State and Zip Code		
For further information c	concerning this matter, please c	all:		
Sasha D Name (6 Dice on the control of Person	at (<u>407</u>) <u>346 -</u> Area Code Daytimo	9915 (5 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COURT	ER ADDRESS:	

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

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our recuited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Comp	pany were filed onc&l/4	<u>ිල (දි.</u> and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Secicle 1 To X Expects LLC The new name must be distinguishable and contain the words "Limited"		J.C" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>	AT 5: 10	
<u>.</u>		AHASSE	<u>j</u>
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name	e of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ade	dress	
		FloridaZıp Code	<u> </u>
Name Descriptored Agent's Countries of shanging Desictored Ag	ionf.		

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 Type of Action Title Name. <u>Address</u> _□ Add ☐ Remove Change _□ Add ☐ Remove ☐ Change □ Add ☐ Change ..□ Add ☐ Remove ☐ Change □ Add □ Remove

Change

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