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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

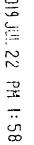
Office Use Only



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COVER LETTER

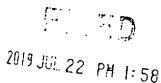
TO: Registration Sect Division of Corpo			
SUBJECT: EDU Tax S	Services of Florida, LL	С	
		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	William A. Hernande	Z	
		Name of Person	
	EDU Tax Services of	f Florida. LLC	
		Firm/Company	
	16103 SW 43rd S	t	
		Address	
	Miami FL 33185		
		City/State and Zip Code	
	bhernandez.biz@gmail.co	om o be used for future annual report noti	ot motions
			ncanon)
For further information con	cerning this matter, please ca	lli:	
William A. Hernande	Z	at (305) 984-7995	
Name of F	Person		e Telephone Number
Enclosed is a check for the	tollowing amount:		
\$25.00 Filling 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 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



EDU Tax Services of Florida, 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	y Company were filed on <u>09/21</u>	/2018 and assigned
Florida document number L18000225144	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16103 SW 43rd	St
(Principal office address MUST BE A STREET AD	DRESS)	
- -	Miami FL 33185	5
Enter new mailing address, if applicable:	16103 SW 43rd	St
(Mailing address MAY BE A POST OFFICE BOX)		
	Miami FL 33185	5
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on ou ddress here:	r records, <u>enter the name of the ne</u> y
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	Ireet address
<u></u> -		Florida <u>~ - ·</u>
	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
Member	Consuelo Reyeros n/a	16103 SW 43 St. Miami, Fl. 3318	5 □ Add
			☑ Remove
			Change
President William A. Hernandez	16103 SW 43 St. Miami, Fl. 3318	5 Add	
		Remove	
			☐ Change
			O Add
			Remove
			Change
			□ Add
			Remove
			Change
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		Change	

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Note: I	ve date, if other than the date of filing: 08/01/2019 (optional) etive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not'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 5	July the 26th / 2019
	Signature of a member or authorized jepresentative of a member
	organical of a memori of authorized representative of a memori

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00