## 1190001521033

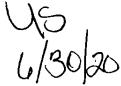
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## **COVER LETTER**

):

Tallahassee, FL 32314

): Registration S Division of Co			
JBJECT: TAX	IT INVESTOR	3, LLC	
	Name of Lin	nited Liability Company	<del></del>
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Wilda Jos	XPN Name of Person	
			·_
		Firm/Company	·
	5550 Glades	5 Road Suite# 500 Address	D # 1001
	Boxa Ratin	FL 33431 City/State and Zip Code	
	i Nilda Tosem @ E-mail address: (	taxitinuestor.com to be used for future annual report notice	fication)
For further information of	oncerning this matter, please co	all:	
Wilda Jo	Fe On Person	at ( <u>56)</u> ) <u>763 - 6</u> Area Code Daytime	4849 e Telephone Number
Enclosed is a check for the	ne following amount:		
S≥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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CERTIFIED KEYZ I	Company as it now appears on limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con	mpany were filed on (X)	/ 10 / 2019 and assigned
Florida document number <u>L19000152633</u>	-·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
TAX IT INVESTOR ILC  The new name must be distinguishable and contain the words "Limite"		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ntion "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	CSS)	
	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del>-</del>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet 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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			□ Change
<del></del>			
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

If an effective 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.  The effective date are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.		
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	_	
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Dated June 8th 2020.  William Sungh Signature of a member or authorized representative of a member	record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Alilar Surger of a member or authorized representative of a member	ia is iii¢	
rignature of a member or authorized representative of a member	id is inc	June 8th 2020.
	id is inc	June 8th 2020.