## L19000199351

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,,
PICK-UP WAIT MAIL
(Dusings Eskib Massa)
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4 h 2 C V : \ \ \ \ ( \ ( \ ( \ ( \ \ ) \ ) \)
Shwage good
[Cidvisid +8 Change]
ALW name to.
Special Instructions to Filing Officer:  Shwiagk Acar  Cidy Sci Ac

Office Use Only



700374360637

10/14/21--01014--003 \*\*25.00

Marie

NOV 0 1 2021 I ALBRITTON

## **COVER LETTER**

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

TAX ROO SUBJECT:	CKET SERVICES LLC		
	Name of Lii	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing	
	ondence concerning this matter	•	
	SHWAGKS JEAN		
	·	Name of Person	<del></del>
	TAX ROCKET SERVICE	ES LLC	
	<del></del>	Firm/Company	
	16499 NE 19TH AVE 21:	5	
	<del></del>	Address	
	MIAMI FL, FL 33162		
		City/State and Zip Code	<del></del>
	SJEAN910@GMAIL.COM		
er at all the control		to be used for future annual report notif	fication)
ror further information of	concerning this matter, please c	all:	
SHWAGKS JEAN		954 5942107 at ( )	
Name o	of Person		: Telephone Number
Enclosed is a check for the	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 S	Section	Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAX ROCKET SERVICES 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 Company were filed on $\frac{08/05/2019}{\text{Elipida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
U.S. TAX PROSLLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne abbreviation L.L.C."
Enter new principal offices address, if applicable:	0
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	():
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here:	ame of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I are	agree to comply with the In 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

Title	<u>Name</u>	Address	Type of Action
•	<del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
			Change
		□Add	
			□Remove
			Change
<del></del>			□Add
	<del></del>	□Remove	
			Change
		□Remove	
			□Change
<del>- ,.</del>			□Add
			□Remove
			□ Change

r <i>e</i> e	dies das if estimates she das of films
lf an ei <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is f	rd 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 iled.
Dated	10/10/2021
	A State of the sta
	Signature of a rhomber of authorized representative of a member