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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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T. MATTHEWS

NOV -4 2021

COVER LETTER

TO:	Registrati

Registration Section Division of Corporations

OCEAN OF WISDOM, LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		-	
riease return an correspor	idence concerning this matter	to the following:	
	ALFREDO MERCADO		
		Name of Person	
	PRIME TAX SOLUTIONS	S LLC	
		Firm/Company	
	50 N LAURA ST STE 250	()	
		Address	
	JACKSONVILLE, FL 3220	02	
	FREDO@PRIMETAXJAX.	City/State and Zip Code COM	
	E-mail address: ()	to be used for future annual report noti	fication)
For further information ec	oncerning this matter, please ca	all:	
ALFREDO MERCADO		904 729-0372	
Name of	Darcan	at () Area Code Davtim	e Telephone Number
Name of	reson	Area Code Dayum	e Tetephone Number
Enclosed is a check for th	e 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 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

OCEAN OF WISDOM, LLC.

21 007 27 PH 1: 13

(A Florida Limited L.	y as it now appears on our records.) lability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company of L19000218631	08/27/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		aZip Code

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> AMBR	Name JAVIER NIETO	Address 1 007 27 PH 1: 13	Type of Action
			= Add
		JACKSONVILLE, FL 32223	□ Remove
			Change
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F ffect	ive date, if other than the	date of filing:		(on	tional)	
(If an eff	ective date is listed, the date mus	t be specific and cannot be	prior to date of filing	or more than 90 days aft	er filing.) Pursuant to 605.	.0207 (3
	If the date inserted in this blo ent's effective date on the De			filing requirements, th	nis date will not be liste	ed as th
docum	icht serieenve date on the De	partificia of state's fee	cirus.			
he recor ord is fi	d specifies a delayed effective led.	e date, but not an effect	ive time, at 12:01 a	m, on the earlier of: ((b) The 90th day after	the .
	OCTOBER 25	2021				
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			W			

Typed or printed name of signee