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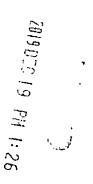
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| Special Instructions to I | Filing Officer:     |             |
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## **COVER LETTER**

|             | egistration Sec<br>ivision of Corp |   | •   |  |
|-------------|------------------------------------|---|---|--|
| SUBJECT     |                                    | IMPLE TAX, LLC                                  | <i>.</i>  |  |
| SOBJECT     | ·                                  | Name of Limi                                    | ited Liability Company  |  |
| The enclos  | ed Articles of A                   | smendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please retu | rn all correspor                   | dence concerning this matter                    | to the following:   |  |
|             |                                    | ARMANDO SARMIENTO                               | e   |  |
|             |                                    | <del></del>                                     | Name of Person  |  |
|             |                                    | WESTON SIMPLE TAX.                              | LLC   |  |
|             |                                    |   | Firm/Company  |  |
|             |                                    | 1633 VICTORIA POINTE                            | ELN   |  |
|             |                                    |   | Address   |  |
|             |                                    | WESTON, FL. 33327                               |   |  |
|             |                                    | ***   | City/State and Zip Code   |  |
|             |                                    | denisse.jimenez@djc.cl                          |   |  |
|             |                                    | E-mail address. (1                              | to be used for future annual repor                                  | t notification)  |
| For further | information co                     | ncerning this matter, please co                 | all:  |  |
| ARMANE      | O SARMIENI                         | О   | 305 497879<br>at ()   |  |
| 11.70       | Name of                            | Person  | Area Code Da  | sytime Telephone Number  |
| Enclosed is | a check for the                    | following amount:                               |   |  |
| \$25.00     | Filing Fee                         | ■ \$30.00 Filing Fee &<br>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 7 (27 (3) (4) (2) (2) (3) (3) (3)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Ciifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 DEC 19 PH 1: 26

| WESTON SIMPLE TAX, LLC   |  |                    |
|--|--|--------------------|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited I.   | ny as it now appears on our records.)<br>(ability Company) |                    |
| The Articles of Organization for this Limited Liability Company Florida document number 1.19000231626                            | were filed on September 13, 2019                           | and assigned       |
| This amendment is submitted to amend the following:  |  |                    |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |                    |
| The new name must be distinguishable and contain the words "Limited Liabili  Enter new principal offices address, if applicable: | ity Company," the designation "LLC" or the abb             | reviation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                    |
|  |  |                    |
| Enter new mailing address, if applicable:  | -1   |                    |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <del></del> -      |
|  |  |                    |

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

| Name of New Registered Agent:  |                        |           |
|--------------------------------|------------------------|-----------|
| New Registered Office Address: |                        |           |
|                                | Enter Florida street a | ddress    |
|                                |                        | , Florida |
|                                | Cuy                    | Zıp 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 |
|------------------------------------|--|---------|----------------|
| MGR LA&C FINANCIAL CONSULTING, LLC | 1633 VICTORIA POINTE LN<br>WESTON, FL. 33327 | □ Add   |                |
|                                    |  |         | ■ Remove       |
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Page 3 of 3

Filing Fee: \$25.00