L19000255664

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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Zeoninia B	aker				
SUBJECT:	Name of Limi	ted Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Zeoninia Baker				
	******	Name of Person			
	Beyond Tax Services LLC				
		Firm/Company			
	6100 Lake Ellenor Dr				÷.
	•	Address		19 (USIA 13S
	Orlando Fl 32809			DEC 16	- 유유 - 유유
	Zeoninia@beyondtaxservice	City/State and Zip Code es.com		6 AM	ARY OF STATE OF CORPORATIONS
	E-mail address: (t	to be used for future annual report notifi	cation)	æ	/30°
For further information c	oncerning this matter, please co	ill:		<u>ယ</u> —	ALE VIE
Zeoninia Baker		866 661-4498 at ()			<u> </u>
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee. Certificate of State Certified Copy (additional copy is enc		
Mailing Addres Registration		<u>Street Address:</u> Registration Sec	tion		
Division of C		Division of Corp	orations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beyond Tax Services LLC

mpany has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ne Articles of Organization for this Limited Liability Company were filed on $\frac{10/10/2019}{1}$ orida document number L19000255664 his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6100 Lake Ellenor Dr., Ste 216 nter new principal offices address, if applicable: Orlando, FL 32809 Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: **1ailing address MAY BE A POST OFFICE BOX)** If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address w Registered Agent's Signature, if changing Registered Agent: iereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of mv duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Name	Address	Type of Action
Owner	Zeoninia Baker	6100 Lake Ellenor Dr Ste 216	
		Orlando FI 32809	□Remove
			□Change
			□Remove
	***		DAdd
			□Remove
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ctive date, if other than t effective date is listed, the date r	he date of filing	g:	date of filing or me	oru than 90 days a	ptional) Ber Oling \ Pursum	nt to 605 02
: If the date inserted in this	block does not r	nect the applical	ole statutory filing	g requirements,	this date will not	t be listed
ment's effective date on the	Department of S	State's records.				
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ord specifies a delayed effectiled.	tive date, but not	an effective tim	ne, at 12:01 a.m. o	on the earlier of	: (b) The 90th C	iay after tr
d <u>12/16</u>		2019				
		·	- ·			
Teonin	all	talw	 			
	Signature of a	member or author	ized representative	of a member		

Filing Fee: \$25.00