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COVER LETTER

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то:	Registration Section Division of Corporations
SUBJE	CT:
	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Jessy Aly Name of Person
	Community Tax Service Firm/Company
	1326 Sw 215+ way
	DCVAY Beach FC 33445 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
7	SSU AIU Name of Person at (954), 594-9077 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
□ \$2	5.00 Filing Fee Solution Filing Fee & Solution Status Solution Status Certificate of Status & Certific
	Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limiter	My Comb	TCV L	rs on our records.)	 -
(Name de the Danne)	Florida Limited L	hability Company)			
The Articles of Organization for this Limited Lia Florida document number <u>L190002557</u>	bility Company 44	were filed on	10/24/	<u>2019</u> ai	nd assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the Community Tax Sey. The new name must be distinguishable and contain the wo	in P	L C		or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		De Vau	1 Aly 1215-1 Brech	(NA)	3145
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>				<u>, 5</u>
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office s here:	address on our	records, <u>enter (</u>	the name of the	he new registered
Name of New Registered Agent:	<u>Dess</u>	ALU P	(U.X)		·
New Registered Office Address:	DX /40	Enter Flo	orida street address	orida <u>334</u> Zij	14 5 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, Agnature 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
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ctive date, if other than the date of filing:	prior to date of filing or more than 90 days after filing.) Pursuant to 605
e: If the date inserted in this block does not meet the ap	opheable statutory tring requirements, this date in it has be now
ument's effective date on the Department of State's reco	
cord specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	
ed 1/7/20	

Filing Fee: \$25.00