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COVER LETTER

TO: Registration Se Division of Cor			
DE LES ALLS COURT	LILANCE PARTNERS LLC	,	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	_	
	Arthur L Smith		
		Name of Person	
	CASC Alliance Partners L	LC	ling. ving: of Person Company ddress and Zip Code future annual report notification) 813 634-2576 rea Code Daytime Telephone Number 0 Filing Fee & S60.00 Filing Fee, fied Copy Certificate of Status &
	.	Firm/Company	
	2210 Myrtle Vista Court		
		Address	
	Sun City Center, FL 33573	3	
		City/State and Zip Code	
	arthur_smith@verizon.net		<i>C</i> .: .)
For further information c	oncerning this matter, please of		neation)
Arthur L Smith	•		
	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Adden		Stance	
Mailing Addres Registration 5			ction
Division of C		-	
P.O. Box 632		The Centre of T	

Name change to correct typographical error

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company		. 1
	were filed on serious with a serious	and assigned
lorida document number L20000015521		
This amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited liab	ility company here:	
TASC ALLIANCE PARTNERS, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 SEA
Principal office address MUST BE A STREET ADDRESS)		超量 17
		<u> </u>
		<u> </u>
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		26 26 26

3. If amending the registered agent and/or registered office	address on our records, enter the	name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florid	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CARCALLU ANCE DADTNIEDO LLO

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
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			
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			Ethange T
			□Remove
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January 2 Effective date, if other than the date of filing:	23, 2020	6	optional)		
If an effective date is listed, the date must be specific and cannot be pri Note: If the date inserted in this block does not meet the appl	ior to date of filing	or more than 90 days	after filing.) Pursu	ant to 605,0	0207
document's effective date on the Department of State's record	ds.	mig requirements	, tills date will li	or oc fister	u as
			6 . L		_
e record specifies a delayed effective date, but not an effective rd is filed.	time, at 12:01 a.	m. on the earlier o	f: (b) The 90th	day after	the
January 23, 2020					
Dated January 23. 2020					
	44	7			
	/ <i>///</i>				

Filing Fee: \$25.00