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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PW 19X Solutions LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Augyly Fendy Paradon Name of Person	
PW Tax Solutions LLC Firm/Company	
2242 SW Cameo Blvd	
Port 81 Lucie, FL 34953  City/State and Zip Code	
Fendy Paradon 89 @ Gmail. Com / E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Hugyly tendy taradon at 954, 934-6580  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filing Certificate of Status Certified Copy Certificate of Certificate of Certified Copy (additional copy is enclosed)	Status & -
Mailing Address:  Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on	
Florida document number		7: 15
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	i "LLC" or the 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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
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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>	Name	Address	Type of Action
Ambr	Augyly F. Taradon	2242 SW Cameo Blul Flori	34953 45 [4] Add
			ElRemove
			[]Change
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			□Remove
			ElChange
			[:]Add
			DRemove
			□ Change

Note:	tive date, if other than the date of filing: $\frac{7 - \sqrt{-2020}}{\sqrt{-2020}}$ (optional)  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
	7/1/2020
Dated	
Datec	
Dated	Signature of a member or authorized representative of a member  Auguly F. Icra con  Typed or printed name of signee

Filing Fee: \$25.00