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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

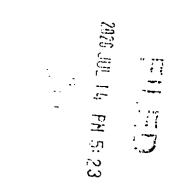
Office Use Only



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AUG 25 2070 S. YOUNG

COVER LETTER

Registration Section

Division of Corporations

TO:

TOP RANK	C TAX GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marie Joseph		
		Name of Person	
	TOP RANK TAX GROU		
		Firm/Company	
	140 NW 188TH ST		
		Address	
	MIAMI, FL 33169		
		City/State and Zip Code	
	mjose102@fiu.edu		
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Marie Joseph		786 571-3592	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & 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 S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	<u>-</u>	The Centre of	•
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ڊ-:

Top Rank Tax Group LLC			
(Name of the Lim	ited Liability Compan (A Florida Limited L	y as it now appears on our realistic Company)	scords.)
The Articles of Organization for this Limited I	Liability Company v	were filed on June 22, 2020	
This amendment is submitted to amend the fol	lowing:		23
A. If amending name, enter the new name of	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:		140 NW 188TH ST Miam	ii, FL, 33169
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office		140 NW 188TH ST Miam	
Name of New Registered Agent:	<u>ess here</u> :		
	140 NW 188TH	ST	
New Registered Office Address:	- 	Enter Florida street a	ddress
	MIAMI		, Florida ³³¹⁶⁹
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro			

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	Marie Joseph	140 NW 188TH ST Miami, FL 33169	≅Add
			□Remove
			□Change
AMBR	MBR Bertin Joseph	140 NW 188TH ST Miami, FL 33169	□ Add
			□Remove
		 	■ Change
			□ Add
			□Remove
			□Change
			□ Remove
			□ Change
			□Remove
			Change
			🗆 Add
			Remove
			Change

	<u></u>	
If an effective Note: If the	late, if other than the date of filing:	0207 (d as t
e record sper rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	Y 10	
_	MA	
	Signature of a member or authorized representative of a member	

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