Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H200002458093ABC/

	To:				
		Division of Corporations			
		Fax Number : (850)617-6383			
	From:				
5 (Account Name : SUPER TAX PLUS Account Number : I20170000027	II SERVICES LLC		
White I E.	Phone : (305)603-9524				
NH.TE 28 MM		Fax Number : (555)555-5555			
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

d Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ________ and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida

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.

Cuv

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	Angelica Secolo	8331 NW 24 Pl Sunlike, A 33322	XAdd
			□Remove
			□Change
MCR	Angelica Secolo	8331 NW 24PL SURIS, PC 33322	□Add
			Remove
			□ Change
Ambl	Dayana Zamura Pene	2001 NUST are Hallyword 123024	□Add
			Remove
			©Change
			□Add
			□Remove
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			DAdd
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			CIAdd
			□Remove
			Change

li`an ef <u>Note:</u>	tive date, if other than the date of filing: (optional) (fective 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 is f	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.
rd is f	iled.
ne reco ord is f	iled.