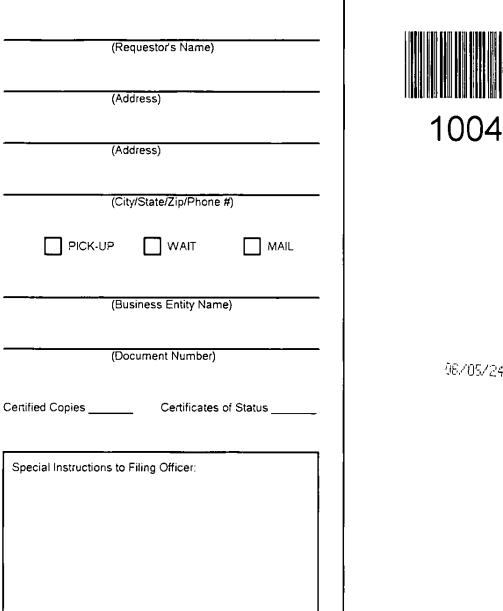
## L20 000 361 217

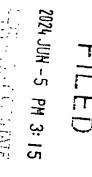


Office Use Only



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## **COVER LETTER**

	istration Se ision of Cor			•			
SUBJECT:		Solutions LLC					
SOBJECT.		Name of Lin	nited Liability Company	<del> </del>			
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.				
		ondence concerning this matter	-				
		Alan R Theriault					
	Name of Person						
		Optum Tax Solutions LLC	· ·				
Firm/Company							
	37 Vista Gardens Trail # 106						
			Address	<del></del>			
		Vero Beach, FL 32962					
			City/State and Zip Code				
		alant@optumtaxsolutions.c					
For further in	iformation c	n-mail address: (	to be used for future annual report no	dification)			
Alan R. The			352 216-5559				
<del></del>	Name o	f Person		me Telephone Number			
			20,0				
Enclosed is a	check for th	ne following amount:					
<b>■</b> \$25.00 F	Filing Fee	S30.00 Filing Fcc & 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)			
	iling Addres		Street Address:				
	gistration S vision of C	Section Corporations	<del>-</del>	Registration Section Division of Corporations			
P.C	D. Box 632	.7	The Centre of	Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Optum Tax Solutions LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recordited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000351277</u> .	pany were filed on 11/05/2020	and assigned		
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 I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2024		
(Principal office address MUST BE A STREET ADDRESS	5)			
		SSE TI		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		lorida		
	City	Zip 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. Ov. 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 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
Member	Bryan R Geiger	2269 Polly Adams Road Belfast, TN 37019	🖩 Add
			Remove
			□ Change
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		<del> </del>	□Remove
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		<del></del>		<del></del>	<del></del>
<del></del>			_		<del></del>
Effective date, if oth	ner than the date of fili	ing:		(optional)	
If an effective date is listed	ed, the date must be specific a rted in this block does not	und cannot be prior to di	ate of filing or more than	90 days after filing.) Pur	suant to 605.0207 (
document's effective d	date on the Department of	f State's records.	sandery ming requi	emens, and and will	not be hated hat
	layed effective date, but n	ot an effective time,	at 12:01 a.m. on the o	earlier of: (b) The 90	th day after the
e record specifies a del					
e record specifies a del rd is filed.					
rd is filed.		2024			
rd is filed.		_ ; <del></del>			
rd is filed.		-: 2024 : Thin	24/1		
rd is filed.	Signature of	Think	d representative of a me	mber	
rd is filed.		Think	d representative of a me	mber	

Filing Fee: \$25.00