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COVER LETTER

	Registration Se Division of Cor						
SHALLC	55 Plus Tax Pros						
SUBJEC	1:		nited Liability Company				
***				FILED			
i ne encio	isea Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Robert V Carr, Jr.					
			Name of Person				
		55 Plus Tax Pros					
			Firm/Company				
		11528 Savannah Lakes Dr	ive				
			Address				
		Parrish, FL 34219					
		christy@christycarey.com	City/State and Zip Code				
			(to be used for future annual report notification)	FILED			
For further	er information c	concerning this matter, please c	eall:				
Robert V.	. Carr, Jr		410 375-3370 at ()				
	Name o	of Person	Area Code Daytime Telephone Number				
Enclosed	is a check for th	he following amount:					
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
]]]	Mailing Addres Registration (Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	5			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

55 Plus Tax Pros			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny a <u>s it now appears on our rec</u> Liability Company)	ords.)
The Articles of Organization for this Limited E. Florida document number L20000363824	iability Company	were filed on 11/17/2020	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		11528 Savannah Lakes Driv	ye.
Emer new maning address, it applicable. (Mailing address MAY <u>BE A POST OFFICE</u>	applicable:		
B. If amending the registered agent and/or agent and/or the new registered office addre			
Name of New Registered Agent:			
New Registered Office Address:	11528 Savanna	in Lakes Drive Enter Florida street add	dress
	Parrish		Florida <u>34219</u>
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>i</u>	202 SE
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office change.	e performance of my duties, provided for in Chapter 66 e address, I hereby confirm	and I am familiar with and 5, F.S. Or, Aliss document to that the limited liability SEE, STAIR
	If Cha	inging Registered Agent, Signatu	re 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	ype of Action
MGR	Christina B Carey	2982 Wilderness Blvd. E	_ □Add
		Parrish, F1. 34219	□Remove
			_ ■ Change
			_⊡Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
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		LE DAR	Chemove Company
		SET S	MARCEMOVE NO. 100 PM.
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Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records. [If the date inserted in this date will no document's effective date on the Department of State's records. [If the date inserted in this date will no document's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	
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	2024 pafter tife.
Oated March 4ml	8 AM 9: 52
Signature of a member or authorized representative of a member Robert V. Carr, Jr.	- 2 5

Filing Fee: \$25.00