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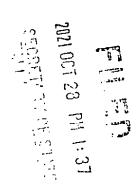
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COVER LETTER ...

	*		<u> </u>	# *	
TO:	Registration Sec Division of Corp		•		r
SUBJE	com.	Solutions and More LLC			
301317		Name of Limi	ted Liability Company		
The end	closed Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please 1	return all correspor	idence concerning this matter	to the following:		
		Darlesa J Brown			
			Name of Person		
		Tax Queen's Solutions and	More LLC		
			Firm/Company		
		5428 Scaline Blvd			
			Address		
		Greenacres, FL 33463			
			City/State and Zip Code		
		darlesataxservices@icloud.c			. .
		E-mail address: (t	to be used for future annual rep	port notification)	
For furt	ther information co	neerning this matter, please ea	ાી:		
Darlesa	a J Brown		561 568-7 at ()		
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclose	ed is a check for th	e following amount:			
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7021 OCT 28 PM 1: 37

Tax Queen's Solutions and More LLC

(Name of the Limited 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 May 27,2021	and assigned
Florida document number 1.21000249381		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he 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 office agent and/or the new registered office address here:	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	
	, Florid	a Zip Code
	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. 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 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	Darlesa J Brown	5428 Sealine Blvd Greenaeres, FL 33463	⊟Add
			□Remove
			□ Change
			□Add
			Remove
			☐ Change
			🗆 Add
			□Remove
		4	□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Remove

Effec	tive date, if other than the date of filing:
llane	etive date, if other than the date of filing:
rote	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
	· · · · · · · · · · · · · · · · · · ·
	ord 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
e reco	filed.
e record is :	
e record is :	
rd is :	October 25, 2021
rd is :	October 25, 2021
rd is :	
rd is :	October 25, 2021 Mull Signature of a member or authorized representative of a member
e reco ord is : Dateo	Musica All

Filing Fee: \$25.00