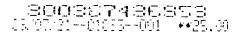
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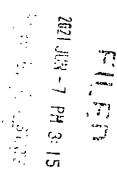
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor	porations		
Knī	Tax Prepa	201 - LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kituana	Thomas Name of Person	
	KnT Tunc	Name of Person Prepration Firm/Company	
	2026 forest	Gente Mr. E	
		Address	1 77
	Tac Kounville	f 32246	<u> </u>
	KnTTax Prep.	City/State and Zip Code One Composition C	2021 JUN - 7 PH 3: 15
			ication)
	oncerning this matter, please ca		
Kit Thor		at (201) 674-	- 1491
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	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 Addres	e·	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of T	
	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability	LLU now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for Florida document number $\frac{L 21000253467}{}$.	iled on $6 - 1 - 2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability contains the new name must be distinguishable and contain the words "Limited Liability Com	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202
	- TI
Enter new mailing address, if applicable:	177. 25
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registere</u>
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Ajd
			□Remove
			①Change
			□Add
			Change ☐ Change
			Remove
			C7 □Change
		□Add	
			□Remove
			□Change
			CIRemove
			□Change
	 		□Add
			□Remove
			□('hanoe

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	<u></u>
	7 7
iffective 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 Note: If the date inserted in this block does not meet the applicable statutory locument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a d is filed.	a.m. on the earlier of: (b) The 90th day after the
ated 6 - 2 - 21	
Signature of a member or authorized represent	tative of a member
Kitwana Thomas Typed or printed name of sign	