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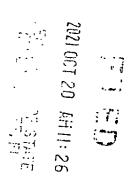
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

то:		istration Se ision of Cor			3
CHRIC	er.	WEALTHY	TAX PREPARATION LLC	•	
SUBJE	CI;		Name of Lin	ited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			KAYONDRA D SMITH		
				Name of Person	
			WEALTHY TAX PREPA	RATION LLC	
Firm/Company					
			1515 E. SILVER SPRING	S BLVD	
				Address	
			OCALA, FL 34470		
				City/State and Zip Code	
			WEALTHYTAXPREPARA	-	
			E-mail address: (to be used for future annual report no	tification)
For furth	her in	formation c	oncerning this matter, please c	all:	
KAYON	NDR/	A SMITH		352 789-7163	
		Name of	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	d is a	check for th	e following amount:		
□ \$ 25.	.00 F	iling Fce	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Addres		Street Address: Registration Se	ection
	Div	ision of C	orporations	Division of Co	
		Box 632		The Centre of	
	t all	lahassee, F	·L 32314	2415 N. Monro	se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION E OF

2021 OCT 20 AH II: 26

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^21000271295}{L^21000271295}$.	were filed on 06/10/2021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1515 E. SILVER SPRING BLVD STE 101.1	
(Principal office address MUST BE A STREET ADDRESS)	OCALA, FL 34470	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
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 registe	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Elorida	

New Registered Agent's Signature, if changing Registered Agent:

WEALTHY TAX PREPARATION LLC

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

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
MGR	Kayondra D Smith	2600 SW 10TH ST Apt 907	
		Ocala, Fl 34471	Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effecti	e date, if other than the date of filing: (optional)	
Note:	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	.0207 (3 ed as th
docum	at's effective date on the Department of State's records.	
he recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	
ord is fil	i.	inc
Dated	·	
	Charles I and the contract of	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00