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| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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| TO: | Registration Sec Division of Cor | | | |
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| cun u | LFG TAX I | | • | |
| SUBJE | CT: | Name of Limit | ed Liability Company | |
| The enc | losed Articles of . | Amendment and fee(s) are subn | nitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter to | o the following: | |
| | | Serge Louis | | |
| | | | Name of Person | |
| | | LFG TAX HELP, LLC | | |
| | | | Firm/Company | |
| | | 7971 Riviera Blvd Suite 32 | 6 | |
| | | | Address | |
| | | Miramar, FL 33023 | | |
| | | | City/State and Zip Code | |
| | | support@zemfilings.com | Name of Person HELP, LLC Firm/Company era Blvd Suite 326 Address FL 33023 City/State and Zip Code emfilings.com E-mail address: (to be used for future annual report notification) matter, please call: 954 323-2447 at (| |
| For furt | her information c | oncerning this matter, please ca | | carron, |
| | | oncerning this matter, preuse es | | |
| Serge L | | <u>-</u> | | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for the | he following amount: | | |
| 1 \$25 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Address Registration | | Street Address: Registration Sec | ction |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LFG TAX HELP, LLC | |
|--|---|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Comparison document number $\frac{1.21000282800}{1.000282800}$ | any were filed on 06/17/2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited l | liability company here: |
| Zenith Tax Help, LLC | |
| The new name must be distinguishable and contain the words "Limited L | Jability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS | |
| Principal office address in OST DE A STREET ADDRESS | ı |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | (1) |
| B. If amending the registered agent and/or registered offingent and/or the new registered office address here: | ice address on our records, enter the name of the new register |
| gent and/or the new registered office address here. | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | City 7 in 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 | Louis Financial Group, LLC | PO BOX 246122 | □Add |
| | | PEMBROKE PINES, FL 33024 | =Remove |
| | | | □Change |
| MGR | Synouvo Financial Group, LLC | 7971 Riviera Blvd Suite 326 | = Add |
| | | Miramar, FL 33023 | □ Remove |
| | | | □Change |
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| ective date, if other than the effective date is listed, the date muster. If the date inserted in this blument's effective date on the D | t be specific an ock does not | id cannot be pric meet the appli | or to date of filin icable statutory | | | g.) Pursuant to 6 | |
| cord specifies a delayed effectiv s filed. | e date, but no | ot an effective | time, at 12:01 | a.m. on the ea | rlier of: (b) | The 90th day af | ter the |
| September 14 | | 2024 | | | | | |
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Filing Fee: \$25.00