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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:		ORIDA CONSULTING SER	VICES I, LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		CAROLINA PEDROZA				
			Name of Person			
		SOUTH FLORIDA CONS	SULTING SERVICES I, LLC			
		Name of Person SOUTH FLORIDA CONSULTING SERVICES I, LLC Firm/Company 1333 SW 167 AVE Address PEMBROKE PINES, FL 33027 City/State and Zip Code CPEDROZA81@GMAIL.COM E-mail address: (to be used for future annual report notification) promation concerning this matter, please call:				
		1333 SW 167 AVE				
		 	Address			
		PEMBROKE PINES, FL 3	33027			
			City/State and Zip Code	<u> </u>		
		_				
			•	tification)		
For further in	nformation co	oncerning this matter, please co	all:			
CAROLINA	PEDROZA		786 709-5017			
	Name of	Person	Area Code Daytin	me Telephone Number		
Enclosed is a	a check for th	e following amount:				
□ \$25.00 F	Filing Fee	■ \$30.00 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)		
Reg Div	iling Address gistration S vision of Co D. Box 632	ection orporations	Street Address: Registration So Division of Co	rporations		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 24 AM 10: 01

SOUTH FLORIDA CONSULTING SERVICES I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLA HASSEE, FL

		- 0 (-1.)
The Articles of Organization for this Limited Liability	Company were filed on 07/26/2021	and assigned
Florida document number L21000338098	·	
This amendment is submitted to amend the following:		
This alternation is satisfact to alliend the following.		
A. If amending name, enter the new name of the li	mited liability company here:	
TOTAL ASSESMENT GROUP LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
· ·		
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register	red office address on our records, enter the	name of the new register
agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	ж	
	, Florid	2 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			DAdd
		····	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		**	□Change
			□Add
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		·	Remove

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ecord sp is filed.		ed effective date, b	ut not an eff	ective time,	at 12:01 a.m. c	on the earlier o	f: (b) The 90t	h day after the
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Filing Fee: \$25.00