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| (Re | equestor's Name) | |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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| SUBJEC' | 1: | Name of Lim | ited Liability Company | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please ren | urn all correspo | andence concerning this matter | to the following: | |
| | | SHADI BADRAN | | |
| | | | Name of Person | |
| | | iTAX FINANCIAL GRO | UP LLC | |
| | | | Firm/Company | |
| | | 2960 VINELAND RD ST | E E | |
| | | | Address | |
| | | KISSIMMEE, FL 34746 | | |
| | | | City/State and Zip Code | |
| | | GREENSHADI@GMAIL | | |
| Car Carla | - : 6 | | to be used for future annual report no | tification) |
| ror turtne | r intormation c | oncerning this matter, please c | an: | |
| SHADI BADRAN | | 407 507-0507 at () | | |
| | Name o | f Person | at () Area Code Daytii | ne Telephone Number |
| Enclosed i | is a check for th | ne following amount. | | |
| ■ \$25,0 | 0 Filing Fee | Ti \$36,00 Filing Fee & Cortificate 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) |
| | <u> Tailing Addres</u> Registration S | | Street Address: Registration Se | ection |
| Registration Section Division of Corporations | | Division of Co | | |
| | P.O. Box 632 | | The Centre of | |
| I | fallahassee, I | 1L 54314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 25 PM 12: 27

MIRIAJ LEC

SECRETART OF STATE TALLAHASSEE, FL (Name of the Limited Liability Company as it now appears on our records.)
(A. Flerida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/18/2022 and assigned Florida document number 1,22000034262 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Linkillity Company," the designation "LLC" or the abbreviation "L.L.C." 4358 Seven Canyons Dr Enter new principal offices address, if applicable: Kissimmee, FL 34746 (Principal office address MUST RE A STREET ADDRESS) 4358 Seven Canyons Dr. Enter new mailing address, if applicable: Kissimmee, FL 34746 (Mailing address MAY BE A POST OFFICE FOX) B. If amending the registered agent aud/or registered office address on our records, enter the name of the new registered agent and/or the new registered office addrags here: Name of New Registered Agosti New Registered Office Address: Enter Florida street address

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

I hereby accept the appointment is registered extent 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 regimened office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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__, Florida _

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> | <u>Address</u> | Type of Action |
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| fective date, if other n effective date is listed ote: If the date inserti- cument's effective da | ed in this block do | es not meet the | applicable statu | tiling or more the | (option on 90 days after fi direments, this c | nal) ling.) Pursuant to 60 late will not be lis | 5.020 ted a |
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Filing Fee: \$25.00