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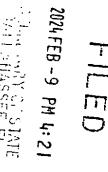
(Re	equestor's Name)	<u>.</u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Se Division of Cor				
emb ica		L& CO LLC			
SUBJEC	1	Name of Lim	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Christopher Ferretti			
			Name of Person		
			Firm/Company		
		1200 Brickell Ave - STE 1	1950 #1121		
		Address			
		Miami, FL 33131			
		City/State and Zip Code chris@taxprolific.com			
			to be used for future annual	report notification)	
For furthe	r information c	oncerning this matter, please c	all:		
Christoph	ner Ferretti		305 76 at ()	4-1922	
	Name o	f Person	Area Code	Daytime Telephone Number	_
Enclosed	is a check for th	ne following amount:			
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy radditional copy is end	Certificate of	f Status & Dy
	Mailing Addres		Street A		
	Registration ! Division of C		-	ation Section on of Corporations	
	21 (Stort of C			ar or Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERRETTI & CO LLC			_	
(Name of the Limi	ted Liability Compa (A Florida Limited)	inv as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited L Florida document number 1.22000036317		were filed on $\frac{01/19/2022}{}$		and assigned
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
Tax Prolific, LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation:	'LLC" or the abbrevia	ation "L.L.C."
Inter new principal offices address, if appli	cable:	1200 Brickell Ave - STE	1950 #1121	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33131		
	-		1	2024
Inter new mailing address, if applicable:		1200 Brickell Ave - STE		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33131	35 T	9 1
				<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addre	No.	address on our records, <u>er</u>	TE the name of	the new regist
Name of New Registered Agent:	Christopher Fe	rretti		
New Registered Office Address:	1200 Brickell A	Ave - STE 1950 #1121		
		Enter Florida street aa	ldress	
	Miami		, Florida <u>33131</u>	
		City	7.1	ip 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 Changing Begistered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
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Effecti	01/01/2024 ve date, if other than the date of filing: (optional)
Note:	ve date, if other than the date of filing: (optional) (optional)
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	2/6 2024
	Signature of almember or authorized representative of a member

Typed or printed name of signee