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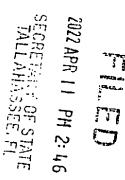
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### **COVER LETTER**

**Registration Section** TO: **Division of Corporations** ADS TAX SERVICES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Dayna Santana Name of Person ADS TAX SERVICES LLC Firm/Company 22175 SW 194TH AVE Address MIAMI, FL 33170 City/State and Zip Code dperez0417@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 3400107 Davna Santana Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

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

FILED

ADS TAX SERVICES LLC	2022 400
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)  SECRETAGE OF
(17 Torrida Entirec	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company	y were filed on 02/07/2022 LAHASSEE ST and assigned
Florida document number L22000064377	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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 registered
Name of New Registered Agent:	
New Registered Office Address:	

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_. 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

itle	Name	Address	Type of Action
MGR	Dayna Santana	22175 SW 194TH AVE MIAMI, FL 33170	<b>=</b> Add
			□Remove
			□Change
AMBER	Dayna Santana	22175 SW 194TH AVE MIAMI, FL 33170	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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If an off <u>Note:</u>	ve date, if other than the date of filing:
e record ord is fil	I 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	March 9, 2022. DSantane
.,	1) Santana