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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALL EXPRESS TAX MULTISERVICES LLC

Account Number : 120220000160 Phone : (786)656-2034 Fax Number : (305)200-0135

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

EBOLI Address: Lisbeth · Supertaxplus @ gmail · Con

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DEC - 8 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Think in Prints and Frames UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Lizbeth Beltran Name of Person
- All Express tax Multiservices UC
1275 W. 47th Pl Suite 315
Higleah Fl 33018 City/State and Zip Code
E-mail address: (to be used for future annual report notification) 9 mail. Com
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scentificate of Status S55.00 Filing Fee Scentificate of Status Scentific

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

Think The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02 08.	2072 DEC Spignett ED
The new name must be distinguished.	NA	A STATE OF THE STA
The new name must be distinguishable and contain the words "Limited Linbil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	hty Company," the designation "LLC" or	the abbreviation "L.L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	City Florid	Zip 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 Registered Agent, Signature of New Registered Agent

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