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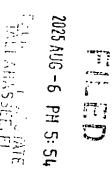
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COVER LETTER

TO:	Registration Se Division of Cor				
SIID IE		IUM INCOME TAX & ACCO	DUNTING SERVICES LLC		
SUBJE	ol:	Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		MARIA SANTOS			
		_	Name of Person	 	
		M.S PREMIUM INCOME	TAX & ACCOUNTING SERVICE	CES LLC	
			Finn/Company		
		6175 NW 167TH ST STE	G38		
			Address		
		HIALEAH. FL 33015			
			City/State and Zip Code		
		MERYSS0902@GMAIL.C			
		E-mail address: (to be used for future annual report not	ification)	
For furth	er information c	oncerning this matter, please c	all:		
MARIA	SANTOS		786 482-0261		
	Name o	f Person		ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
≡ \$2 5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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)	
	Malling Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		_	Division of Corporations		
	P.O. Box 632		The Centre of		
	Tallahassee, I	*L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 AUG -6 PM 5: 54

M.S PREMIUM INCOME TAX & ACCOUNTING SERVICES LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

	0511712022		
The Articles of Organization for this Limited Liability Company	were filed on 03/16/2022	and assigned	
Florida document number L22000228341			
This amendment is submitted to amend the following:			
This affection is sublimited to affected the following.			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
MS PREMIUM TAX LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6175 NW 167TH STSTE G38		
Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33015		
			
Enter new mailing address, if applicable:	6175 NW 167TH STSTE G38		
Mailing address MAY BE A POST OFFICE BOX)	HIALEAH, FL 33015		
Multing wastess harri bazata distribution			
B. If amending the registered agent and/or registered office	address on our records, enter the i	name of the new regis	
agent and/or the new registered office address here:	, <u></u>		
Name of New Registered Agent:			
Nive Books and Office Address			
New Registered Office Address:	Enter Florida street address		
	, Florida		

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, 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the dath an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to c does not meet the applica			
e record specifies a delayed effective d ord is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
Dated	08:15 am	_ ·		
the	nature of a member or author			
		rized representative of a mi	mbar	
- S l	gnature of a member or autho.	ined representative of a fir	inioei	

Filing Fee: \$25.00