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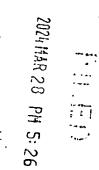
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
Special institutions to rining Officer				

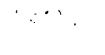




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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10-10	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{10-10}{10}$	
the ratheres of Siguration for this rainted faithful Company were fred on	0-2022 and assigned
Florida document number 1.22000436331	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	;
Bill Green Tax Solutions L.L.C.	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	202!
	2025 HA
	2
P-A	∞ ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	26

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

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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			□Add
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			□Add
			Remove
			□Change