## L22000483349

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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			
	ax Professionals LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kendra M. Nichols		
		Name of Person	
		Firm/Company	
	3742 North Federal Highw		
	Lighthouse Point, Florida	Address	
		City/State and Zip Code	
	signaturetaxpro@gmail.com		
For further information e	E-mail address: ( concerning this matter, please c	to be used for future annual report n all:	otification)
Kendra M. Nichols		954 543-3263	
Name o	f Person		time Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)
Mailing Addres Registration		Street Address: Registration S	Section
Division of C P.O. Box 632	Corporations	Division of C The Centre o	Corporations
Tallahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signature Tax Professionals LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rected Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	any were filed on November 10,	2022 and assigned
Florida document number L22000483349		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "1	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2022 SEC
		022 NOV 2 SECRETA! TALLAH
		TA!
B. If amending the registered agent and/or registered offi	ice address on our records, <u>en</u>	
agent and/or the new registered office address here:		SEE AH
		9: I E. F
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street add	lress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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>	Address	Type of Action
MGR	Kendra M. Nichols	3742 North Federal Highway	<b>≣</b> Add
		Suite 1003	□Remove
		Lighthouse Point, FL 33064	
			□Remove
			Change
			Remove
			T Change
			□Add
			©Remove
			□ Change
			□Add
			□Remove
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Signature of a member of authorized representative of a member		Kendya	-M. h.	chols_	
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