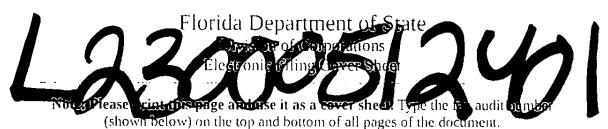
**Division of Corporations** 



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_\_\_\_

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PFS TAX PRO ENTERPRISE, LLC

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T. LEMIEUX

Page 2/4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF :

PFS T PFS T Pro Enterprise, LLC	•	٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company?	
The Articles of Organization for this Limited Liab Florida document number L23000512401	ility Company were filed on 11/13/2023	and assigned
This amendment is submitted to amend the follow	inā:	
A. If amending name, enter the new name of th	ge limited liability company here:	
The new name must be distinguishable and contain the word	is "Lumited Liabitity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi	istered office address on our records, <u>enter the</u>	
agent and/or the new registered office address b	<u>here</u> :	MAR -
Name of New Registered Agent:		- σ ,
New Registered Office Address:	Enter Florida street address	OF ₹ 0
	. Florid	ATE 12
-	Cuy	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.

3/8/2024 13:51:00 PST To. 18506176383 Page: 3/4 Fax: 8134365206

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
AMBR	ROLLINS, REGINA	7901 4th St N STE 300	□Add
		St. Petersburg, FL 33702	X]Remove
			CiChange
AMBR Pettis, Dea	Pettis, Derrick	1201 S Highland Avenue Suite 8	<b>X</b> iAdd
		Clearwater FL 33756	□Remove
			□Change
			□Add
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ed	2024		
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Typed or printed name of signee