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COVER LETTER

	Registration So Division of Co				
SUBJEC	The Tax Oa	asis PLLC			
SUBJEC	· · · <u> </u>	Name of Lim	ited Liability Company		
The enclo	osed Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Rebecca Edme			
			Name of Person		
		The Tax Oasis PLLC			
			Firm/Company		
		261 N. Uniersity Drive ST	E 500		
			Address		
		Plantation, FL 33324			
			City/State and Zip Code		
		rebecca@thetaxoasis.com	to be used for future annual report i		
For furth	er information c	concerning this matter, please c	·	outcation)	
Rebecca	Edme		954 832-7518		
	Name o	of Person	at () Area Code Day	time Telephone Number	
Enclosed	is a check for the	he following amount:			
	X) 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		Street Address:		
	Registration (Division of C		Registration Division of O		
	P.O. Box 632		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Tax Oasis PLLC			
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) lity Company)	· · · · · · · · · · · · · · · · · · ·	
he Articles of Organization for this Limited Liability Company we	re filed on January 1, 2024	and assigned	
lorida document number L24000001213			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability	y company here:		
he new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" o	or the abbreviation "L.1C."	
Inter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	20 20 20	
-	· ·	<u> </u>	
	:	FIL 2024 OCT 29 SLCR TARA SLCR TARA	
nter new mailing address, if applicable:	!	ino ~ ino	
Mailing address MAY BE A POST OFFICE BOX)			
-		· · · · · · · · · · · · · · · · · · ·	
	(5	9	
3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, enter th	e name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori	ida Zip Code	
	City	/ap Code	
lew 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>	<u>Address</u>	Type of Action
MGR	Hugues Dauphin	2851 N Rock Island Rd Apt 102 Margate, FL 33063	= Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
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	. 10/23/	2024		
Affective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	date of filing:	prior to date of filing	optional (optional) or more than 90 days after filing requirements, this days	al) ng.) Pursuant to 605.0207 ate will not be listed as (
record specifies a delayed effectived is filed.	e date, but not an effec	tive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
October 23	. 2024	·		
Pelme	Signature of a member of			
_	Signature of a member of	authorized representa	tive of a member	