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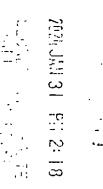
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation	s		
suвјест: <u>Тахдо</u>	Name of Lim	C(a) Services (	Lic
The enclosed Articles of Amendm	ent and fee(s) are sub	omitted for filing.	
Please return all correspondence c	oncerning this matter	to the following:	
		Sou yerd Name of Person	See less
	19168	At? Fluencial	Service 22
	584 Gey	Her Rise La	
		City/State and Zip Code  City/State and Zip Code  CatLLC B Smed  to be used for future annual report noti	
For further information concerning	g this matter, please c	all:	
1) Y Jan Day Name of Person	yard	at ( <u>561</u> ) <u>-244</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the followi	ng amount:		
	0.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporati	ons	Street Address: Registration Se Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tax ocat 3 Financial Services LLC

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

[A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company		$\frac{\mathcal{L}}{\mathcal{L}}$ and assigned
The Articles of Organization for this Limited Liability Company Florida document number <u>L_24 Book33414</u>	/ /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabii	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<b>P</b>
Enter new mailing address, if applicable:	·	2.
(Mailing address MAY BE A POST OFFICE BOX)		—————————————————————————————————————
B. If amending the registered agent and/or registered office a	address on our records, onto	or the name of the new register
agent and/or the new registered office address here:	address on our records, end	er the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	russ
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 Autkorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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