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SECRETARY OF STA

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

subject: <u>Adec</u>	Juate Tax S Name of Lim	Olutions UUC ited Liability Company	······
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brittnay	Tordan Name of Person	
	 	Firm/Company	
	7037 VIS	ta Park lanc	AP+ 101
	Tampa	F 1 33637 City/State and Zip Code	
	Britta	Jor dane annual report notif	(env)
For further information c	oncerning this matter, please co	all:	
Britinay Jame o	Jurdan f Person	o be used for future annual report notifiall: at (813) 619 - 19 - 19 - 19 - 19 - 19 - 19 - 19	SECRETALLY OF STALL AND SEEE, FL
Enclosed is a check for the	ne following amount:		EST TO STATE OF THE STATE OF TH
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Con	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adequate Tax Solutions

I (<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on o da Limited Liability Company)	<u>ur records.</u>)
The Articles of Organization for this Limited Liability (Florida document number <u>L240003573</u>	•	112024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:		SECRETARY OF THE SEE TO THE NEW registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	eet address
	City	, Florida 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.

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>Name</u>	<u>Address</u>	Type of Action
Brittnay Jordan	7037 VISta Park lane 1	+ <u>ol</u> ⊒add
	Tampa, F1 33637	□Remove
		□Change
		□Add
	- 	□Remove
		□Change
		🗆 Add
	SECR TAL	□ Remove 2021 Change
	LAHASSEE, FI	2024 ROV - Standard PH 1932
		□Change
		🗆 Add
		□ Remove
		□ Change
		□ Add
		□Remove
		Brittmay Jordan 7037 Vista Park lane Tampa, F1 33637

	
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fective date, if other than the date of filing:	(optional)
ne effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fil cument's effective date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 605.0207
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	n. on the earlier of: (b) The 90th day after the
ted 10 29 24	
Signature of a member or authorized representation	ive of a member