

**MIL000003432**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAUIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407) 418-2435  
Fax Number : (407) 420-5909

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TAX WRAP SOLUTIONS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$30.00 |

2016 AUG -2 AM 11:53  
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AUG 02 2016  
HARRIS

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: TAX WRAP SOLUTIONS, LLC

Enter new principal office address, if applicable:

(Principal office address)  
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

(Mailing address)  
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M16000003432

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 27, 2016

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Square2Solutions, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

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 Changing Registered Agent: Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

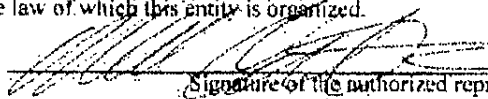
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|-----------------------|-------------|----------------|---------------------------------|
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s); duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative

**Michael Leibowitz, Mgr.**

Typed or printed name of signee

Filing Fee: \$25.00

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16 AUG -2 AM 9:11  
 STATE OF FLORIDA  
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 DIVISION OF CORPORATIONS

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "TAX WRAP SOLUTIONS,  
LLC", CHANGING ITS NAME FROM "TAX WRAP SOLUTIONS, LLC" TO  
"SQUARE2SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE FIRST DAY  
OF AUGUST, A.D. 2016, AT 1:16 O'CLOCK P.M.



6026548 8100  
SR# 20165164156

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202757097  
Date: 08-01-16

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State of Delaware  
Secretary of State  
Division of Corporations

Delivered: 01:16 PM 08/01/2016

FILED: 01:16 PM 08/01/2016

SR: 20165164156 -- File Number: 6026540

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION

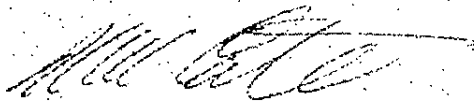
OF

TAX WRAP SOLUTIONS, LLC

TAX WRAP SOLUTIONS, LLC (hereinafter called the "Company"), a limited liability company organized and existing under and by virtue of the Limited Liability Company Act of the State of Delaware, does hereby certify:

1. The name of the limited liability company is Tax Wrap Solutions, LLC.
2. The Certificate of Formation of the company is hereby amended by striking out Article 1 thereof and by substituting in lieu of said Article 1 the following new Article 1:  
  
"1. The name of the limited liability company is **SQUARE2SOLUTIONS, LLC** (the "Company")."

Executed on this 29th day of July, 2016.



/s/ Michael Leibowitz  
Michael Leibowitz, Manager

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