M16000003432

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 TRAURIG (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:

2016 AUG -2 AM 11:53
TALLAHASSEE, FLORIDA
16 AUG -2 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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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FILED
16 AUG -2 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

The First State

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.

Jeffrey W. Bullock, Secretary of State

6026548 8100
SR# 20165164156

Authentication: 202757097
Date: 08-01-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

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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 6026548

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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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