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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	· · • • · ·
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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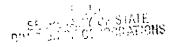
12 AUS -7 PM 4: 20

T. HAMPTON



ION SERVICE COMPANY				
ACCOUNT NO.	: I2000000195			
REFERENCE	: 269038 7827982			
AUTHORIZATION	Spublenan			
COST LIMIT	: 45 25.00			
ORDER DATE : July 9, 2012				
ORDER TIME : 3:20 PM				
ORDER NO. : 269038-005				
CUSTOMER NO: 7827982				
DOMESTIC AMENDMENT FILING				
NAME: FINANCIAL FREEDOM & TAX SERVICES, LLC				
XX ARTICLES OF AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				
CONTACT DEPSON: Kimberly Moret FYT# 2949				

EXAMINER'S INITIALS:



12 AUG -7 AH 11: 03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DOM & TAX SERVICES, LLC	
(Name of the Limited Libbit (A Florid	Ity Company as it now appears on o la Limited Liability Company)	ur records,)
The Articles of Organization for this Limited Liability	Company were filed on 04/06/20	11 and assigned
Florida document number £11000041269		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here;	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI		
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX		
	And the same of th	
B. It amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on our red dress here:	cords, enter the name of the nav
<u>;</u>		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
		_, Florida
	(Cini)	(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 608, 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, Stanature of Naw Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

Esther Clarke

MGRM = Managing Member Title <u>Address</u> Type of Action <u>Name</u> 11241 ATLANTIC BLVD. MGRM NARCISSE, JOHN b5∧ □ CORAL SPRINGS, FL 33071 I⊠ Remove ☐ Add _□ Remove □ Add □ Remove D Ada □ Remove D Add ☐ Remove ☐ Remove D. If amending any other information, enter change(s) here: (Attach cadditional sheets, if necessary.) PLEASE REMOVE JOHN NARCISSE 11241 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071 Dated JULY 13TH 2012 ture of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00