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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

Office Use Only



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O SIMMONS SEP 29 2020

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
CHOICT.		ALIGNMENT LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	1	MARLA COPELAND ESTY	
		Name of Person	
	ABC,LLC D)/B/A EASY TAX AND ACCOU	NTING LLC
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	18467	NW HWY 441, SUITE 70	
		Address	
		HIGH SPRINGS, FL 32643	
	-, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	-
		SYTAX@WINDSTREAM.NET	
		to be used for future annual report no	titication)
For further information c	oncerning this matter, please c	all:	
MARI	_A ESTY	386 454-8959	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2123 AUS 11 PH 4: 35

		NMENT LLC	111 41 60	
(<u>Name of the Lin</u>	ited Liability Compa (A Florida Limited	i <mark>ny ay it now appea</mark> Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Florida document number L13000089259	• • •	were filed on <u>0</u>	and assigned	
This amendment is submitted to amend the fo	Howing:			
A. If amending name, enter the new name	of the limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "L1.C" or the abbreviation "L.1C."	
Enter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)	18467 NW US	S HWY 441, SUITE 70	
		HIGH SPRING	GS, FL 32643	
Enter new mailing address, if applicable:		PO BOX 2066	3	
Mailing address MAY BE A POST OFFICE BOX)		HIGH SPRINGS. FL 32655		
3. If amending the registered agent and/or gent and/or the new registered office addr	registered office : ess here:	address on our i	records, enter the name of the new register	
Name of New Registered Agent:	MARLA COPE	ELAND ESTY		
New Registered Office Address:	18467 NW US HWY 441, SUITE 70			
ing ing indicate of the reduces.		Enter Flo	rida street address	
	HIGH SPRING	GS .	Florida <u>32343</u>	
		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

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>Title</u>	<u>Name</u>	Address	2019 AUG 11 Pil 4: 35	Type of Action
				≣ Add
				□Remove
				□Change
				□Add
				□Remove
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				□Remove

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.				2 'ng	
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STERUEN LYEAGO		Signature of a member or aut	horized representa	itive of a member	
		0755	IEN IVERCO	` '	
		Typed or prin	ited name of sign	ic .	

Filing Fee: \$25.00