116000141980

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(Ad	ldress)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
eup ir er	YEAGO SOF	TWARE SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	<u>_</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		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	
		YTAX@WINDSTREAM.NET	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	tification)
	LA ESTY	386 454-8959	
	f Person	at ()	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		Street Address:	untion.
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	
Tallahassee. 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	227 Alia.	
2110	Engage I	Pille Lo

YEAGO S	SOFTWARE SER	VICES LLC	· P.I.4:40
(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appea Liability Company)	ars on our records.)
The Articles of Organization for this Limited I Florida document number L16000141980	iability Company	were filed on $\frac{07}{}$	7/28/2016 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company h	<u>iere</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the c	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-			CLINAC AAA CLUTE 70
(Principal office address MUST BE A STREET ADDRESS)		18467 NW US HWY 441, SUITE 70 HIGH SPRINGS, FL 32643	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 2066 HIGH SPRING	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : <u>ss here</u> :	address on our r	records, enter the name of the new registered
Name of New Registered Agent:	MARLA COPE	ELAND ESTY	
New Registered Office Address: 1846		S HWY 441, SUIT	<u> </u>
			orida street address
	HIGH SPRING	GS City	, Florida 32343 Zip Code
		Z IÚ	лун саас

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 2373 ACR 11 Pil 4: 40	Type of Action
			= Add
			□Remove
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ffective date, if other than th	JULY 31, 2020 te date of filing:	(optional)	
an effective date is listed, the date in	ust be specific and cannot be prior to date	of filing or more than 90 days after filing.) Pursuant to 605.	.0207
ocument's effective date on the	Department of State's records.	atutory filing requirements, this date will not be liste	ed as
record specifies a delayed effect	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after	· tha
is filed.	•	The your day area	tiic
		W	
JULY 31 ated	2020		
	·		
		(f)	
	Signature of a member or authorized	epresentative of a member	
	STEPHEN J	(EAGO	
	Typed or printed nam		
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Filing Fee: \$25.00