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S. YOUNG

TALLAHASSEE, ELGISSE

COVER LETTER

	Registration Sec Division of Corp		w.		
oun Inc		AX SERVICES, LLC			
SUBJEC	:1:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·	
The encl	osed Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please re	turn all correspon	ndence concerning this matter	to the following:		
		Phillip J. Brutus			
			Name of Person		
	•	Esquire Tax services, LLC			
		~~~	Firm/Company		
		10 Fairway Drive, Suite 11	6 .		الخديد
			Address	***************************************	- C
		Deerfield Beach, Florida 3:	3441		3
			City/State and Zip Code		
		phillipbrutus@gmail.com			H 8:
			to be used for future annual report not	ification)	
For furth	er information co	oncerning this matter, please ca	all:		
Phillip J	. Brutus		305 790-1038 at ( )		
	Name o	Person	Area Code Daytir	ne Telephone Number	
Enclosed	is a check for th	e 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 Sta Certified Copy (additional copy is er	itus &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESQUIRE TAX SERVICES, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 11/23/2016	and assigned
Florida document number L16000214581		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Flori	da 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	Type of Action
MGR	Emmanuel Claude Daphnis	16375 NE 18 Avenue, Suite 204,	<b>_</b> Add
		North Miami Beach, Florida 33162	□ Remove
			□ Change
			□ Add
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Filing Fee: \$25.00