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COVER LETTER

TO:	Registration S Division of Co			
SUBJEC	MCD MC	BILE NOTARY & TAX SERV	/ICE LLC	
SOBIE		Name of Lin	nited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
			Nesheka McDonald	
			Name of Person	
		МСД МОВЦ	E NOTARY & TAX SERVICE	LLC
			Firm/Company	
			9951 Atlantic Blvd Suite 401	
			Address	
			Jacksonville, Florida 32225	
			City/State and Zip Code	
			medtaxservice@gmail.com to be used for future annual report n	
Eas theth	us information .	concerning this matter, please c	·	ourication)
roi iuitti			an:	
	Nesheka —-	McDonald	904 885-7421 at ()	
	Name (of Person		ime Telephone Number
Enclosed	is a check for t	he following amount:		
\\$25. 0	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)
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COUI Registration Sec Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ARY & TAX SERVICE LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Comp Florida document number L19000056193	pany were filed on 02/26/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited"	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	S)	
	· · · ·	r -
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		: 22 1
		- 2 0
		<u>.</u> <u>e</u>
B. If amending the registered agent and/or registere		enter the name of the ne
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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	Type of Action
MGR	Michael Valentine	First Stop, Dansoman, Acera, Ghana	
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		_	Add
			Remove
			Change
			D Add
			□ Remove
			Change
			
			Remove
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			🗀 Remove
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(If an effective date is listed Note: If the date inser	er than the date of filing: If the date must be specific and cannot ted in this block does not meet the ate on the Department of State's r	e applicable stati	filing or more than sutory filing require	(optional) 90 days after filing.) Pu ements, this date wil	ursuant to 605.0207 (3 Il not be listed as th
the record specifies The 90th day aft	a delayed effective date, ber the record is filed.	but not an eff	fective time, at	t 12:01 a.m. on	the earlier of:
Dated	Middle Signature of a member	DI9.	psentative of a mon	aber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00