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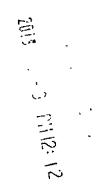
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Amend/Iam

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COVER LETTER

TO:	Registration Se Division of Cor			
21373.112		LF CARRIER SERVICES		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ELIE JEAN		
		EJ FAMILY TAX SERVIO	Name of Person	
			Firm/Company	
		5150 Timuquana Rd Suite	12	
		Jacksonville, FL 32210	Address	
		ejean101@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furt	her information o	concerning this matter, please ca	all;	
Elie Jea	ın		321 704-7631	
	Name o	of Person		me Telephone Number
Enclose	ed is a check for t	he 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 F.112: 1.

LONE WOLF CARRIER SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lumted Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on July 19, 2019 and assigned
Florida document number L19000186261	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
EJ FAMILY TAX SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5150 TIMUQUANA RD SUITE 12
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cip. 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> ELIE JEAN	Address 5710 LENOX AVE 915	Type of Action
MGR		JACKSONVILLE, FL 32205	AJd
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		an effective time, at 17	2:01 a.m. on the earlier of:
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	ective date is listed, the date must be If the date inserted in this block tent's effective date on the Depa cord specifies a delayed e	ive date, if other than the date of filing: Exercise date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the application it is effective date on the Department of State's records. Cord specifies a delayed effective date, but not 90th day after the record is filed.	ive date, if other than the date of filing:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00