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(Re	questor's Name)	
- (Ad	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	





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SUBJEC		SERVICES, LLC	•	4'	
3		Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Eureka L Young			
			Name of Person		_
		ELY Tax Services, LLC			2021 SE
			Firm/Company		ALL ALL ALL
		5015 NW North Macedo I	Blvd		2024 APR -4 SECRETARY TALLARY
			Address		TAGE R
		Port St. Lucie, FL 34983			750 22
			City/State and Zip Code		- fin -
		cureka.young2219@gmail.c			
		E-mail address; (to be used for future annual report not	tification)	
For furthe	r information c	oncerning this matter, please ea	all:		
Eureka Y	oung		561 856-0594		
	Name o	f Person		ne Telephone Numbe	er
Enclosed	is a check for th	ne following amount:			
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Mailing Addres		Street Address:	ection	
	Registration S Division of C		Registration Se Division of Co		
I	P.O. Box 632	7	The Centre of	Tallahassee	
•	l'allahassee, I	FL 32314	2415 N. Monro	oc Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELY Tax Services, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company	were filed on Dec. 7, 2023	and assigned
Florida document number L23000542152		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ELY Consulting & Services, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SE
Principal office address MUST BE A STREET ADDRESS)		APR THE
		P P
Enter new mailing address, if applicable:		7100 00 160
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter t	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Flo	rida
	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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			TChange
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			TACRE AP TO Remove
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other entirties.		
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	March 25, 2024	
effective date is listed, the date i	he date of filing: nust be specific and cannot be prior to date of filing or	
	block does not meet the applicable statutory fil Department of State's records.	ing requirements, this date will not be listed
ord specifies a delayed effec	tive date, but not an effective time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after t
tiled.		
. April 1	2024	
d April 1	Signature of a member or authorized representati	
9 11	X (	

Typed or printed name of signee