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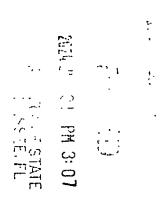
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Office Use Only



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19. 7. 11/21/

COVER LETTER

TO: Registration S Division of Co		
	RU SERVICES LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Michael Morgan	
	Name of Person	
	Firm/Company	
	7191 Ivy crossing Lane	7,
	Address	
	Boynton Beac FL. 33436	<u> </u>
	City/State and Zip Code mmrealtor@bellsouth.netMichael	PH 3: 07
	E-mail address: (to be used for future annual report notification)	07
For further information	concerning this matter, please call:	
Michael Morgan	561 809-3594 at()_	
Name	of Person Area Code Daytime Telephone	Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tax Guru Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 23, 2024 and assigned Florida document number 1.24000326441 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tax Guru & Advisors Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C. 551 NE 180 Dr. Enter new principal offices address, if applicable: North Miami Beach (Principal office address MUST BE A STREET ADDRESS) Florida 33162 7191 Ivy crossing Lane Enter new mailing address, if applicable: Boynton Beach (Mailing address MAY BE A POST OFFICE BOX) Florida 33436

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	\times /A	
New Registered Office Address:	l	
	Enter Florida street	address
		. Florida
 -	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
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	(□ Remove
			□Change
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			□Remove
			□Change

Page 2 of 3

Effective date, if other than the date of filing: July 26, 2024 (Iff an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The POth day after the record is filed. Dated July 27, 2024.	 .										
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00