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T. HAMPTON

JUN - 7 2010

EXAMINER

# **COVER LETTER**

TO; Registration Section Division of Corporations
SUBJECT: JBB Vax Services LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frant & Maurissin Name of Person
JBB Tax Serices Firm/Company
9820 NE 2nd Ave
Miami Shores FL 33138 City/State and Zip Code
fmaurissine hotmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 439 - 4760  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee SCERTIFICATE Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status SCERTIFICATE Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314

## STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

JBB Tax SerV	ited Liability Company)
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Com	
Florida document number <u>L 0900009921</u>	<b>5</b>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
JBB Tax and Multiser The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Frante Maurissin
(Principal office address MUST BE A STREET ADDRES	15) 9820 NE 2nd Ave
	Miami FL 33138
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:	Frank Maurissin
New Registered Office Address: 98	20 NE 2nd Ave  Enter Florida street address
Mian	
,	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 608, 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 Physistered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> Frantt Maurissin 9820 NE Blaise Louis 9820 NE ☐ Remove Remove ∏Add Remove □Add Remove members of the second s D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN# 80-0377223 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00