

L16000015976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

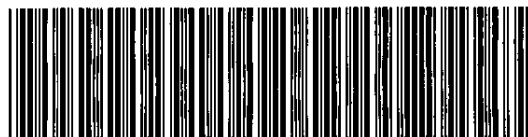
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2017 FEB -6 AM 11:07

M. MILLIGAN
FEB 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2017

J.E.P. TAX SERVICE LLC
1970 NW 33 AVE.
MIAMI, FL 33125

SUBJECT: J.E.P. TAX SERVICE LLC
Ref. Number: L16000015976

We have received your document for J.E.P. TAX SERVICE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 517A00001280

RECEIVED
2017 FEB -6 PM 2:42
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JEP Tax Service LLC

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

2017 FEB -6 AM 11:07
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 616 000015976

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JEP CUSTOM CABINETS LLC

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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:

n/a

New Registered Office Address:

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.

n/a

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>	<u>Address</u>	<u>Type of Action</u>
n/a			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amending information, crossed out with a diagonal line.

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 1-14-17, Jan. 14, 2017



Signature of a member or authorized representative of a member

JOSUE E. PEREZ

Typed or printed name of signee

2017 FEB -6 AM 11:07