4/16/24, 2:28 PM

Division of Corporations

# Florida Department of State Division of Corporations Electronic Filling Cover Sheet

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To:

Division of Corporations

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Account Name : TAX S PRO CORP Account Number : 120200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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DIVISION SUBSECTIONS

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX APR 17 2024

### **COVER LETTER**

"JASKO LI	.C					
Name of Limited Liability Company						
	naire of Lin	ией главину Сопраку				
The enclosed Articles of	Amendment and fee(s) are sub	umitted for filing				
	ondence concerning this matter	_				
	ANWAR PUELLO					
	<del></del>	Name of Person				
	TAX SPRO CORP					
	····	Firm/Company				
	8030 PINES BLVD					
		Address	<del></del>			
	PEMBROKE PINES .FL	33024				
		City/State and Zip Code				
	INFO@TAXSPRO.COM					
For further information of	e-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	ification)			
ANWAR I PUELLO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	786 3072733				
		at ()				
Name o	f Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for ()	ne 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			
Maliling Address:		Street Address:				
Registration Section		Registration Section				
		Division (60)				
Division of C P.O. Box 632	orporations	Division of Co The Centre of				

Tallahassee, FL 32303

JASKO LLC

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	Liability Compa	ny as it now appears on our Liability Company)	records,)		
The Articles of Organization for this Limited Liabi Florida document number L230000078112	and assigned				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited (lab	ility company here:			
COMFORT AUTO SPA LLC					
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	e:	7610 NW 72 TERR	021		
(Principal office address MUST BE A STREET A	(DDRESS)	TAMARAC, FL 33321	<del>-0</del>		
			UT		
Enter new mailing address, if applicable:		7610 NW 72 TERR			
(Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>	TAMARAC, FL 33321	36		
B. If amending the registered agent and/or regis	stered office : <u>ere</u> ;	address on our records,	enter the name of the new registered		
Name of New Registered Agent:	MARCO LOR				
New Registered Office Address:	7610 NW 72 T	-			
	Enter Florida street address				
	TAMARAC		, Florida 33321		
		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.

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an effective ote: If the	nte, if other than date is listed, the date date inserted in thi effective date on th	must be specific is block does no	and cannot be proof of meet the app	ior to date o	f filing or more	(opti than 90 days after equirements, thi	filing.) Pursuant	to 605.0207 e listed as
record spec is filed.	cifics a delayed effe	ctive date, but	not an effective	time, at 1	2:01 a.m. on	the earlier of: (b	) The 90th day	after the
04/16 ated	···		2024	 				
			,	J 7/0	17			
			1	/\	/ \			
_		Signature o	f a member or au	hour for the	presentative of	a member		_

Filing Fee: \$25.00

## 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
AMBR	JAKUB JASKO	5 FOREST HILLS LANE	☐Add
		BOCA RATON, FL 33431	
AMBR	Marco Antonio Lora Olivares	7610 nw 72 terr	🗏 Add
		tamarac, fl 33321	□ Remove
			□Change
			□Add
			Remove
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