

L000000 11417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

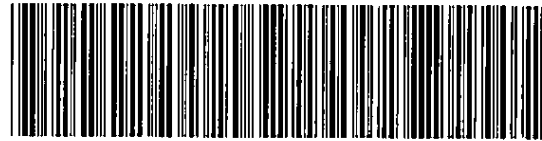
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S TALLENT

JUL 30 2019

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUL 19 PM12:19

FILED

Amador  
N/C



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2019

JOSEPH A. VALINHO  
ACCOUNTING AND INFORMATION SOLUTIONS, LL  
12620 BEACH BLVD., STE. 3, #310  
JACKSONVILLE, FL 32246

SUBJECT: ACCOUNTING AND INFORMATION SOLUTIONS, LLC  
Ref. Number: L00000011417

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IN ORDER TO FILE THE AMENDMENT FORM, YOU MUST FIRST COMPLETE THE REINSTATEMENT OF THE LIMITED LIABILITY COMPANY ONLINE AT [SUNBIZ.ORG](http://SUNBIZ.ORG). IT IS INACTIVE AT THIS TIME PENDING REINSTATEMENT. YOU MAY CALL 850-245-6059 FOR REINSTATEMENT ASSISTANCE.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 719A00015145

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ACCOUNTING AND INFORMATION SOLUTIONS, 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:

Joseph A. Valinho

\_\_\_\_\_  
Name of Person

ACCOUNTING AND INFORMATION SOLUTIONS, LLC

\_\_\_\_\_  
Firm/Company

12620 Beach Blvd., Ste. 3, #310

\_\_\_\_\_  
Address

Jacksonville, FL 32246

\_\_\_\_\_  
City/State and Zip Code

joevalinho@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph A. Valinho

904 514-4328

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ACCOUNTING AND INFORMATION SOLUTIONS, 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 09/30/2000

Florida document number L000000011417

This amendment is submitted to amend the following:

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

Justice Tax, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12120 BUCKHAY RD, STE 3 #310  
JACKSONVILLE, FL 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12120 BUCKHAY RD, STE 3 #310  
JACKSONVILLE, FL 32216

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:

WALTER JIM STAMM, ESQ

New Registered Office Address:

16001 COLLINS AVENUE, SUITE 3204

Enter Florida street address

Swiny Isles

City

Florida

33160

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>                  | <u>Address</u>                                            | <u>Type of Action</u>                                                                                                 |
|--------------|------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| MGR          | Joseph A. Valinho            | 12620 Beach Blvd, Ste. 3, #310,<br>Jacksonville, FL 32246 | <input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove<br><br><input type="checkbox"/> Change |
| AMBR         | Warren Jay Stamm, Esq.       | 16001 Collins Ave., Suite 3204,<br>Sunny Isles, FL 33160  | <input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove<br><br><input type="checkbox"/> Change |
| Pres         | <del>Joseph A. Valinho</del> | 12620 Beach Blvd, Ste. 3, #310,<br>Jacksonville, FL 32246 | <input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove<br><br><input type="checkbox"/> Change |
| Sec          | Joseph A. Valinho            | 12620 Beach Blvd, Ste. 3, #310,<br>Jacksonville, FL 32246 | <input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove<br><br><input type="checkbox"/> Change |
| AMBR         | Joseph A. Valinho            | 12620 Beach Blvd, Ste. 3,<br>Jacksonville, FL 32246       | <input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove<br><br><input type="checkbox"/> Change |
| AMBR         | Michael Jurek                | 11815 Summer Blvd #300<br>North Port, FL 34287            | <input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove<br><br><input type="checkbox"/> Change |

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

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

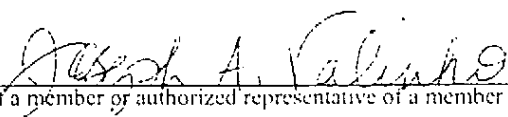
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 July 10th 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Joseph A. Valinho

\_\_\_\_\_  
Typed or printed name of signee