

L10000038419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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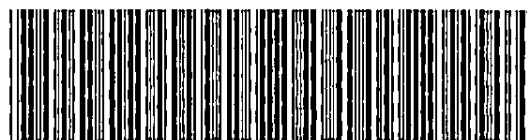
(Business Entity Name)

(Document Number)

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MAR 01 2021
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: zenith Professional Tax 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:

MARC K JEAN
Name of Person

zenith Professional Tax Services llc
Firm/Company

100 NW 207 St
Address

Miami, FL 33169
City/State and Zip Code

MLMKJ168@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC K JEAN at (786) 452 3045
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
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**

ZENITH Professional Tax 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 04-08-2010 and assigned Florida document number L10000038419.

This amendment is submitted to amend the following:

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

ZENITH Professional Services, 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:

(Principal office address MUST BE A STREET ADDRESS)

9973 W DAFFODIL lane

MIRAMAR, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9973 W DAFFODIL lane

MIRAMAR, FL 33025

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:

New Registered Office Address:

9973 W DAFFODIL lane

Enter Florida street address

MIRAMAR

City

Florida

33025

Zip Code

Registered Agent's Signature, if changing Registered Agent:

by 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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is led to merely reflect a change in the registered office address, I hereby confirm that the limited liability has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

APR 9 PM 6:30

Person(s) authorized to manage, enter the title, name, and address of each person being added
from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SENAT, JOSEPH William	515 NW 116 Terr	<input type="checkbox"/> Add
		Miami, FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	JEAN, MARC K	100 NW 207 St	<input type="checkbox"/> Add
		Miami, FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEAN, MARC K	9973 W DAFFODIL Lane	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

I'M Also Changing My EIN Number

The New EIN Number That Was Assigned.
85-2558999

Again, It's 85-2558999

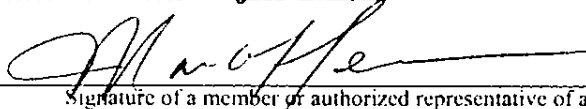
Effective date, if other than the date of filing: _____ (optional)

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.

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
s filed.

1 January 11th 2021



Signature of a member or authorized representative of a member

MARC K JEAN

Typed or printed name of signee