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EXAMINER



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SECRETARY OF STATE
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COVER LETTER

TO:

TO:	Registration Sect Division of Corpo					
SUBJECT:JPF FINANCIAL TAX & MULTI SERVICES LLC						
	Name of Limited Liability Company					
	•					
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
			JEAN PETIT-FRERE			
			Name of Person			
		JPF FINANCIAL TAX & MULTI SERVICES LLC				
		Firm/Company				
		460 NW 42ND COURT SUITE # E				
		Address				
		POMPANO BEACH,FL33064				
		City/State and Zip Code				
		JEANPETITFRERE10@GMAIL.COM E-mail address: (to be used for future annual report notification)				
For fur	ther information cor	ncerning this matter, please o	•	(incineation)		
		·				
	JEAN F	PETIT-FRERE	at (954)	867-6197 Daytime Telephone Number		
	Numb of I	CISCA	Alea Code at 1	rayimo Totophole Tumber		
Enclose	ed 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 end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration Division of C Clifton Build	Corporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JPF FINANCIAL TAX & MULTI 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 ______ 03/28/2011 and assigned Florida document number _____L11000036606 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member Title **Address Type of Action Name** MGR · JEAN PETIT-FRERE 460 NW 42ND COURT #E ✓ Add ☐ Remove POMPANO BEACH FL 33064 JEAN PETIT-FRERE MGRM 460 NW 42ND COURT #E POMPANO BEACH FL 33064 ✓ Remove MGR JESULA PETIT-FRERE 460 NW 42ND COURT #E ☐ Add ∇ Remove POMPANO BEACH FL 33064 JESULA PETIT-FRERE MGRM ✓ Add 460 NW 42ND COURT #E POMPANO BEACH FL 33064 Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated AT POMPANO BEACH,FL 4/6/2011 Signature of a member or authorized representative of a member Jean Petit-Frere

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00