

L12000018466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
2012 FEB 27 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 28 2012
EXAMINER

February 23, 2012

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

RE: JS Tax Professional, LLC

To Whom It May Concern:

Attached are necessary papers for the above. My day time phone number is 561-985-5188 and my return mailing address is Janet Sanchez, JS Tax Professional, LLC, 1551 Yachtman Place, Wellington, Fl. 33414.

Thank You.

Janet Sanchez

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JS TAX PROFESSIONAL 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:

SANCHEZ, JANET

Name of Person

JS TAX PROFESSIONAL LLC

Firm/Company

1551 YACHTMAN PL

Address

WELLINGTON FL 33414

City/State and Zip Code

jstaxprofessional@gmail.com

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

For further information concerning this matter, please call:

Janet Sanchez

Name of Person

at (**561**)

985 5188

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

2012 FEB 27 PM 1:59

JS TAX PROFESSIONAL LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 02/07/2012 and assigned
Florida document number L12000018466.

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

_____, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

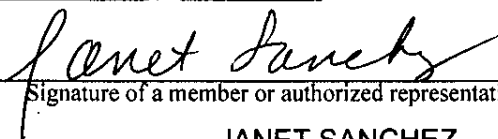
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JANET SANCHEZ	1551 YACHTMAN PL WELLINGTON FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated FEBRUARY 17, 2012



Signature of a member or authorized representative of a member

JANET SANCHEZ

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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