(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2018

KYLE DUGAN 601 HERITAGE DR STE 431 JUPITER, FL 33458

SUBJECT: 319 STUDIOS LLC Ref. Number: L12000054457

We have received your document for 319 STUDIOS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, \overrightarrow{or} it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000124494.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 518A00014955

COVER LETTER

FO: Registration of						
319 S	tudios LLC					
SUBJECT:	Name of Lir	mited Liability Company	.			
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.				
Please return all con	respondence concerning this matte	r to the following:				
	Kyle Dugan					
		Name of Person				
			?	; m ; t) T ()		
		Firm/Company	i.	. <u></u> 		
	601 Heritage Dr Suite 4	1 31	•			
		Address	-	ক্র		
	Jupiter FL 33458					
		City/State and Zip Code		g Fee, of Status &		
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. Eturn all correspondence concerning this matter to the following: Kyle Dugan					
For further informat						
Kyle Dugan			76			
N:	ame of Person	at () Area Code Di	aytime Telephone Number			
Enclosed is a check	for the following amount:					
■ \$25.00 Filing Fe		Certified Copy	Certificate Certified C	of Status & opy		
D	ivision of Corporations	Division of Co	orporations			
	O. Box 6327 allahassee, FL 32314	Clifton Buildi 2661 Executiv	ng re Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

319 Studios LL				
-	(Name of the Limited Liability Compa (A Florida Limited	any as it no Liability Co	w appears on our records.) impany)	
	or this Limited Liability Company	were file	ed on 4/23/2012	and assigned
Florida document number L12	2000054457			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liah	oility com	pany here:	
Jupiter Tax LLC	Jupiter	Tax	Relief	LLC
The new name must be distinguisha	ble and contain the words. Limited Liabi	ility Compa	ny." the designation "LLC" c	ir the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		601 He	eritage Dr Suite 431	
• •	ST BE A STREET ADDRESS)	Jupiter	FL 33458	
				· .
Enter new mailing address, if appl	if applicable:	601 He	eritage Dr Suite 431	
(Mailing address MAY BE A	POST OFFICE BOX)	Jupiter	r FL 33458	1
	ered agent and/or registered o new registered office address her		lress on our records,	
Name of New Regis	tered Agent:			
New Registered Offi	ce Address:			
			Enter Florida street address	
			, Flor	
		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.

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>	Type of Action
MGRM	E. Kyle Dugan	601 Heritage Dr Suite 431	
		Jupiter FL 33458	☐ Remove
		(address change)	
MGRM	Roger F Ake	601 Heritage Dr Suite 431	
		Jupiter FL 33458	□ Remove
		(address change)	Change
			T PRemove
			∴ Change
	<u> </u>		
			Remove
			Change
			☐ Remove
			☐ Change
			Add
		<u> </u>	☐ Remove
			Change

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ffective date, if other than	s the date of filin	7/1/2018			(optional)		
an effective date is listed, the dat	te must be specific and	d cannot be prior to		r more than 90 da	ys after filing.) l		
ote: If the date inserted in the boument's effective date on the second second in the			ble statutory fi	ling requiremen	its, this date w	ill not be l	listed
reament's effective date on t	ne Department of :	state s records.					
		4		- -		_ 46	مسئلس
e record specifies a del The 90th day after the			an enective	e ume, at iz	nu a.m. o	n the ea	mer
ated July 1		2018					
ated		•	_·				
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44	$\langle \rangle \rangle$						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00