# 113000062654

s Name)
Zip/Phone #)
WAIT MAIL
Entity Name)
Number)
ertificates of Status
ficer:

Office Use Only



800298223528

7- 04/24/17--01025--023 \*\*25.00

17 APR 24 AM 11: 15
SECRETARY OF STATE
TALLAHASSEF, FI ORING

**S Warren** APR 2 5 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JACQUES ACCOUNTING & ASSOCIATES, 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:
ENOCE JACQUES Name of Person
JACQUES ACCOUNTING & ASSOCIATES, LLC
8015 FEDERAL HWY
Port St Lucie, Fl 34952 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ENOCE JALOVS  Name of Person  at 561 889-6639  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

JACQUES ACCOUNTING & ASSOCIATES 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 Comp	s	11/3012013	
Florida document number <u>L13000062654</u>	any were filed on	and assigned	
·			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l		<u>e</u> :	
Classic TAX XPERTS PSL, LL	<u> </u>		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
To 10 10 10 10 10 10 10 10 10 10 10 10 10			
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>		
B. If amending the registered agent and/or registered		our records, enter the name of the new	
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
	, Florida		
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a			
provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent			
being filed to merely reflect a change in the registered off		confirm that the limited liebility	
company has been notified in writing of this change.		HAS T	
		AN A	
		· ma 🖚 imi	
ILC	Changing Registered Age	nt, Signature of New Regulatered 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 = M $AMBR = A$	Ianager Luthorized Member	•	
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
		, 	Change
			Remove
			Change
<del></del>			
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			ACEC Remove
			Signal Change S
			RATE OF REMOVE
			Change

	•	·	, ,					_	
<del></del>	· · ·							_	
							<del></del>	<del></del>	
<del></del> ·									
					<del>,</del>				
								_	
					_				
<u> </u>							·		
						·		_	
							<del>-</del>		
								_	
								_	
			<del>-</del>						
<del></del>						·			
		<del></del>							
Note: If the date in ocument's effection	other than the dai listed, the date must be nserted in this block ve date on the Depar	does not meet the contract of State's	ne applicable sta records.	tutory filing requi	rements, this c	late will	not be l	isted as	the
e record speci The 90th day	fies a delayed el after the record	ffective date, I is filed.	but not an e	ffective time,	at 12:01 a.	m. on t	ine ea	rlier of	:
215	APril	,2	017.			SECRE TALLAH	17 APR		1944 144
Pated A	2/	VEXIIX						, ,	-4
Pated A		nature of a metab	or authorized re	presentative of a m	ember	ASS.	<b>2</b> <sub>1</sub>	=	

Page 3 of 3

Filing Fee: \$25.00