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(City/State/Zip/Phone #)

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11/11/13 11:00 AM

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Joseph Tax Solution 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:

Kerlin Joseph  
Name of Person

Joseph Tax Solution LLC  
Firm/Company

4851 NW 26th CT Unit 442  
Address

Lauderdale Lakes, FL 33313  
City/State and Zip Code

KerlinJoseph1986@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerlin Joseph at (954) 937-1531  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Joseph Tax Solution LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 9/21/2013 and assigned  
Florida document number L13000133710.

This amendment is submitted to amend the following:

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

Joseph Tax Solution LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4851 NW 26<sup>th</sup> CT

Unit 442

Lauderdale Lakes FL 33313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4851 NW 26<sup>th</sup> CT

UNIT 442

Lauderdale Lakes FL 33313

**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:

Kerlin Joseph

New Registered Office Address:

4851 NW 26<sup>th</sup> CT Unit 442 Lauderdale Lakes FL 33313

Enter Florida street address

Lauderdale Lakes

City

Florida

33313

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.

Kerlin Joseph

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

Title	Name	Address	Type of Action
MGR	JEAN Smith	4851 NW 26th CT UNIT 442	<input checked="" type="checkbox"/> Add
		Lauderdale Lakes FL 33313	<input type="checkbox"/> Remove
MGRM	LUCSON APPOLON	4851 NW 26th CT UNIT 442	<input checked="" type="checkbox"/> Add
		Lauderdale Lakes FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

Kerlin Joseph  
Signature of a member or authorized representative of a member

Kerlin Joseph  
Typed or printed name of signee

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Filing Fee: \$25.00

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