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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Co					
ISHC	P4U.COM LL	С			
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALEJANDR	A LOPEZ			
	·	Name of Person			
	ISHOP4U.C	OM LLC			
		Firm/Company			
	7221 JUNE	BUG LANE			
	·	Address		20	
	ORLANDO,	FL 32818			• ;
		City/State and Zip Code	COMMAND COLORED TO THE ANALYSIS COMMAND COMMAN		
	alejandralopez	Zulyaga@gmail-co	DM		:-,
	iz-man address. (to be used for idique annual report norm	ication)	7	; :
For further information of	concerning this matter, please c	all:		23.7 G	
ALEJANDF	RA LOPEZ	ar(407) 401-3	936	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name (of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Cordificate of Status	□ \$55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	Certified	te of Status &	
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISHOP4U.COM LLC (Name of the Limited Liabili	ity Company as it now appears on our records. a Limited Liability Company))		
(A Florida The Articles of Organization for this Limited Liability C Florida document number L13000154124			and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
ALEX SIMONS ACCOUNTING & TAX	SOLUTIONS LLC			
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "f.L.C"	" or the a	bbreviati	on "f. J. C ";
Enter new principal offices address, if applicable:		.27	2	
(Principal office address MUST BE A STREET ADD)				22. 14:
				. 122.14
		ā		11
Enter new mailing address, if applicable:			U	
(Mailing address MAY BE A POST OFFICE BOX)			(<u>)</u>	
		•		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		enter	the nai	me of the
New Registered Office Address:				
	Enter Florida street address			-·
	, Floi	rida		
	City		Zip Ci	ode

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

Page 1 of 3

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

MGR = Manager

AMBK = A	AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			☐ Remove			
			☐ Remove			
			- Add - C= - S			
			Remove dis			
			O Add Add OO			
			□ Remove			
			Add			
		 	☐ Remove			
						
			□ Add			
			☐ Remove			

D. If amend	ling any other information, enter ch	nange(s) here:	(Attach additional she	ets, if necessary.)	
the date th	e date, if other than the date of filing we date must be specific, cannot be prior to dat is document is filed by the Florida Departmen APRIL 29th	e of receipt or file t of State)	ed date and cannot be more th	(optional) nan 90 days after	
	Signature of a n		ized representative of a men	ibei	
		Typed or printed	name of signee	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4

Page 3 of 3

Filing Fee: \$25.00