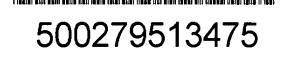
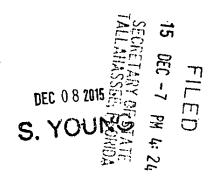
14000081198

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



12/07/15--01030--013 **25.00



COVER LETTER

	ision of Cor						
SUBJECT:	J David Tax	Law LLC					
SOBJECT.		Name of Lim	nited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Jonathan Sooriash					
		 	Name of Person		-		
		J David Tax Law LLC					
			Firm/Company				
		1022 Old Hickory Rd.	·				
			Address				
		Jacksonville, FL 32207		;	NSE :	<u></u>	
			City/State and Zip Code				
		jdsooriash@gmail.com		 		- 33g	
For further in	nformation co	E-mail address: (to be used for future annual report noti	ication)	SEE EE SEE S	7 Pi	ILED
Jonathan So	oriash		904 655-1139 at ()			4: 2	
	Name of	f Person		e Telephone Number	},	t-	
Enclosed is a	a check for th	e following amount:					
≅ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fil Certificat Certified (additional	te of Sta Copy	tus &	

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

J David Tax Law LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 05-19-2014	and assigned
Florida document number L14000081198		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1301 Riverplace Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 800	
	Jacksonville, FL 32207	
		15 SE
Enter new mailing address, if applicable:	1301 Riverplace Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 800	***
	Jacksonville, FL 32207	SEE 7
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, entersthe name of the new
	_	Ages :
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	S
	, Flo	orida
		in come

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
AMBR	Ramon Abreu	7266 Longhorn Cir. South	
		Jacksonville, FL 32244	■ Remove
			□ Add
			☐ Remove
			SECRET
			Rentove
			ORDE 4:
			Remove
		 	☐ Change
			Add
			Remove
		***************************************	□ Change
			☐ Remove
			☐ Change

•	
	,
	CONFERENCE DE LA CONTRACTOR DE LA CONTRA
	TARY - 1
E. Effec	tive date, if other than the date of filing:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
(h) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Jonathan Sooriash Typed or printed name of signee
	DA IN
	Signature of a member or authorized representative of a member
	Jonathan Sooriash
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00