

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000267854 3)))



H2400026785434BC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE FARAH LAW FIRM, P.A.
Account Number : I20050000023
Phone : (904)443-0060
Fax Number : (904)443-0061

* Resending since it has not been accessed as sent previously on 8/9/24 - SHOULD BE A

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Jim@FARAHLAW.COM

FILED
2024 AUG 21 AM 4:15
SECTION 6
COMPLETED
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/2014 BY 60322 UCBAW

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
J DAVID TAX LAW LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2024 AUG 21 PM 4:47
DIVISION OF CORPORATIONS
FLORIDA

FILED
2024 AUG 21 AM 4:15
SECTION 6
COMPLETED
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/2014 BY 60322 UCBAW

Received corrected Document 8/21/2024
KS

Electronic Filing Menu

Corporate Filing Menu

K. SALY Help

AUG 22 2024

5090

H24 000 267854 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2024 AUG 21 AM 4:15

TALLAHASSEE, FLORIDA

J David Tax Law 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 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 liability company here:

J David Tax Law PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

H24 000 267854 3

H 24000 267854 3

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2024 AUG 1 AM 4:15
ALBANY
FILED
TALAMON

FILED

H 24 000 267854 3

H 24000267854 3

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

THE PURPOSE OF THIS PROFESSIONAL
LIMITED LIABILITY COMPANY IS TO PROVIDE
LEGAL SERVICES.

2024 AUG 21 AM 4:15
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

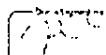
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed.

Dated August 8, 2024



Signature of a member or authorized representative of a member

Jonathan Sooriash, Esq.

Typed or printed name of signer

Filing Fee: \$25.00

H 24 000 267854 3