

L14 000 100 763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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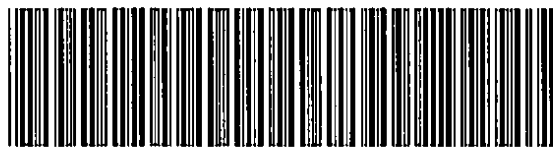
(Business Entity Name)

(Document Number)

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04/28/22--01014--006 ♦♦25.00

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2022 APR 28 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 20 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Addition of additional Member
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:

Jay Oher
Name of Person
State Tax Consulting Inc
Firm/Company
1045 Route 109 suite 102
Address
Lindenhurst NY 11757
City/State and Zip Code
JayOherCPA@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Oher 516 521-4327
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

JRO Consulting Service LLC

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/24/2014 and assigned
Florida document number L14000100763.

This amendment is submitted to amend the following:

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

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)

1045 Route 109 suite 102

Lindenhurst NY 11757

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1045 Route 109 suite 102

Lindenhurst NY 11757

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

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>
MGR	Jay Oher	152 Helme Ave	<input checked="" type="checkbox"/> Add
		Miller Place NY 11764	<input type="checkbox"/> Remove
		no change in Jay Oher's status in this LLC	<input type="checkbox"/> Change
AMBR	Pearl Degen	12 West Belle Terre Ave	<input checked="" type="checkbox"/> Add
		Lindenhurst NY 11757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Add Pearl Degen as a new Member to this LLC

Jay Oher remains in exactly the same capacity in this LLC as before

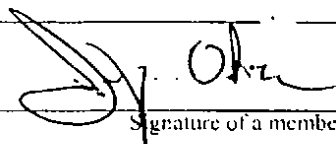
E. Effective date, if other than the date of filing: 04/23/2022 (optional)

(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: (b) The 90th day after the record is filed.

Dated 04/23/ 2022



Signature of a member or authorized representative of a member

Jay Oher

Typed or printed name of signee

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2022 APR 28 AM 7:21
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA