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TALLAHASSES AL

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COVER LETTER

Division of Corpo	orations			
SUBJECT: Jelio	1 TAX Services	uc		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Julio Desi	Name of Person		
		Name of Person		
	Julio & TAY	Servers		
		Firm/Company		
	802 North 1st	h Street unt	5	
	Immokalee desir. Julia e y Fi-mail address: (1	FL 34142		
		City/State and Zip Code		
	desir. Julivey	Iphoo. lon		
	E-mail address: (t	o be used for future annual repo	ort notification)	
For further information con	cerning this matter, please ca	11:		
Julio Jesir		at (😕13) — C	180524	19
Name of P	^v erson	Area Code [Daytime Telephor	ne Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Muiling Address		Camond A J.S.		

Mailing Address:

TO:

Registration Section

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

Julio 1 1AX Services	CLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L150000 6361</u>	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Befund EXPHSS and immigration The new name must be distinguishable and contain the words "Limited Liabil	Servus LCC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 Moth 15th street units 1000 Moth 1ee, FL 34142
(Principal office address MUST BE A STREET ADDRESS)	Immobilee, FL 34142
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	802 North 15th street units immobilee, FC 34142
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	- 10 10 22 - E
New Registered Office Address:	Enter Florida street address Florida
	City Florida The Code
New Registered Agent's Signature, if changing Registered Agent:	- Of Ap Code 1
, , ,	

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 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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
·			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
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		□ Remove	
		□ Change	
			□Add
			□Remove
			□ Change

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note:	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	August 27. 3024. Tulio Desir Signature of a member or authorized representative of a member
	Julio Desir
	Signature of a member or authorized representative of a member
	Julio besir
	Typed or printed name of signee

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