Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193

Phone : (407)552-7903

Fax Number : (407)449-2348

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

in Email Address: INFO#CLAUDALIMATAX.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J.A.S. FINANCES & INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help T. LEMIEUX AUG 20 2024

## **COVER LETTER**

TO: Registration Division of C			
J.A.S. FI SUBJECT:	NANCES & INVESTMENTS L	LC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	CLAUDIA GIRALDELLI	ILIMA	
		Name of Person	
	CLAUDIA LIMA TAX &	ACCOUNTING LLC	
		Firm/Company	
	9100 CONROY WINDER	XMERE RD STE 200 OFFICE 241	
	<del></del>	Address	<del></del>
	WINDERMERE, FL 3478	86	
	City/State and Zip Code		
	INFO@CLAUDIALIMAT	AX.COM (to be used for future annual report notif	; <del>,-</del>
		·	ication)
For further information	n concerning this matter, please c	rall:	
CLAUDIA LIMA		407 552-7903	
Name	of Person	at ()	Telephone Number
Enclosed is a check for	the following amount:		
<b>■ \$25.00</b> Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

J.A.S. FINANCES & INVESTME			
(Name of the Lim	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Limited I Florida document number 1,15000103196			signed
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "I	1C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2024 A	
		· 5	<u>n</u>
		9	Ī
B. If amending the registered agent and/or agent and/or the new registered office addre	•	%TO:	of Fabrista
Name of New Registered Agent:	CLAUDIA LIMA TAX & A	ACCOUNTING LLC	
New Registered Office Address:	9100 CONROY WINDERM	IERE RD STE 200 OFFICE 241	
Ten iseginisiga errice riadiess.	Ente	er Florida street address	
	WINDERMERE	, Florida <sup>34786</sup>	
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registerya Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitle, 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
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E. Effective date, if other than the d (It an effective date is listed, the date must b Note: If the date inserted in this block	ate of filing:
document's effective date on the Dep	artment of State's records.
If the record specifies a delayed effective of record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	2024
John Situ	
S)	ignature of a member of authorized representative of a member
JOSE AILTON DA SILV.	A
	Typed or printed name of signee

Filing Fee: \$25.00