

L16000022678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/15/16--01015--004 **25.00

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2015 MAR 28 PM 1:49

SECRETARY OF DEFENSE
TALAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAR -7 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 16, 2016

JLB&CL TAX SERVICES LLC
JOB LAROSE
935 26TH ST.
WEST PALM BEACH, FL 33407

SUBJECT: JLB&CL TAX SERVICES LLC
Ref. Number: L16000022678

We have received your document for JLB&CL TAX SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 016A00003184



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2016

JLB&CL TAX SERVICES LLC
JOB LAROSE
935 26TH ST.
WEST PALM BEACH, FL 33407

SUBJECT: JLB&CL TAX SERVICES LLC
Ref. Number: L16000022678

2016 MAR 28 AM 11:48
TALLAHASSEE

We have received your document for JLB&CL TAX SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

MR is not acceptable as a officer title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00005131

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: jlb&cl tax services

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:

job larose

Name of Person

jlb&cl tax services

Firm/Company

935 26th street

Address

west palm beach fl, 33407

City/State and Zip Code

jlaroseservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

clamson leger

561 2940849
at ()

Name of Person

Area Code

Daytime Telephone 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)

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**

jlb&cl tax services LLC

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

FILED
2016 MAR 28 PM 1:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/02/2016 and assigned
Florida document number L16000022678

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1109 7TH STREET

WEST PALM BEACH FL

33401

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:

JOB LAROSE

New Registered Office Address:

1109 7TH STREET

Enter Florida street address

WPB

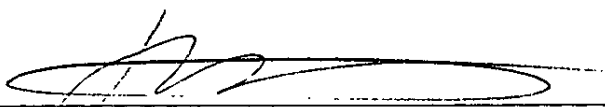
City

, Florida 33401

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>
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AMBR J.L. AMBR	JOB LAROSE	1109 7TH ST WPB FL 33401	<input checked="" type="checkbox"/> Add
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☐ Remove

☐ Change

AMBR AMBR L.C.	Clamson LEGER	923 2nd St Apt B WPB, FL 33401	<input checked="" type="checkbox"/> Add
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☐ Remove

☐ Change

AMBR	JOB LAROSE	1109 7th St WPB FL 33401	<input type="checkbox"/> Add
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☐ Remove

☐ Change

AMBR	Clamson Leger	923 2nd St Apt B WPB FL 33401	<input type="checkbox"/> Add
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☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 MAY 28 1:55 PM

FILED

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

FILED
2016 MAR 28 PM 1:50
FBI
ALLIANCE

E. Effective date, if other than the date of filing: 02/09/2016 (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 02/09/2016


Signature of a member or authorized representative of a member

JOB LAROSE

Typed or printed name of signee