

L17000 175 055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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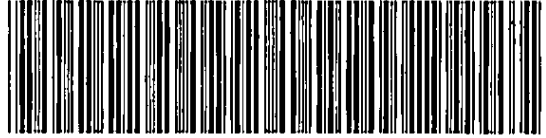
(Business Entity Name)

(Document Number)

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19 AUG 12 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

QUE TAL JACKSONVILLE, LLC

SUBJECT: _____
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:

ALFREDO MERCADO

Name of Person

PRIME TAX SOLUTIONS LLC

Firm/Company

1478 RIVERPLACE BLVD #1803

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

FREDO@PRIMETAXJAX.COM

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

For further information concerning this matter, please call:

ALFREDO MERCADO

904

729-0372

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**

QUE TAL JACKSONVILLE, 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 08/16/2017
Florida document number LL17000175055

FILED
19 AUG 12 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

6700 BOWDEN RD

SUITE 2105

JACKSONVILLE, FL 32216-3682

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6700 BOWDEN RD

SUITE 2105

JACKSONVILLE, FL 32216-3682

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:

MARIA S RIVERA

New Registered Office Address:

6700 BOWDEN RD SUITE 2105

Enter Florida street address

JACKSONVILLE

Florida

32216-3682

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 an existing 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>
P	MARIA S RIVERA	6700 BOWDEN RD	<input type="checkbox"/> Add
		SUITE 2105	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32216-3682	<input checked="" type="checkbox"/> Change
VP	YADIRA GISSELA AGUILAR	4870 DEER LAKE DRIVE	<input type="checkbox"/> Add
		SUITE # 2320	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32246	<input type="checkbox"/> Change
AMBR	DEROLINE GONZALES	4870 DEER LAKE DRIVE	<input type="checkbox"/> Add
		SUITE # 2320	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32246	<input type="checkbox"/> Change
VP	LISANDRA A GARCIA	4870 DEER LAKE DRIVE	<input type="checkbox"/> Add
		SUITE # 2320	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32246	<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

[illegible]

(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)

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 08/07/2019 .

Alma Susana Rivera

Signature of a member or authorized representative of a member

MARIA S RIVERA

Typed or printed name of signee