Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC

Account Number : 120200000160

: (772)460-1000

Fax Number : (772)777-3071

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOWEN SERVICE LLC

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
BOWEN SE	RVICE LLC		
SUBJECT:	Name of Limited	1 Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
		JOYE A. BOWEN	
		Name of Person	
	. Е	SOWEN SERVICE LLC	
		Firm/Company	
	932	5 GENNA TRACE TRAIL	
		Address	
	F, L	CKSONVILLE, FL 32257	
		City/State and Zip Code	
		info@taxpeoplefl.com	
	E-mail address: (to	be used for future annual report noul	ication)
For further information co	oncerning this matter, please cal	1:	
Joye A. Bowen		772 460.1000	
Name o	l'Person	at ()	e l'elephone Number
Enclosed is a check for the	ne following amount:		
≅ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is environed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional cony is enclose:1)
	-	Street Address:	
Mailing Addre Registration		Registration Se	
Division of (	Corporations	Division of Co The Centre of	
P.O. Box 63: Tallahassee.			De Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOWEN SER'	VICE LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L17000220073	were filed on 10/24/2017 and assig	gred
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.t.	.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- <del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1320 001 	<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new	registered
Name of New Registered Agent:	<u> </u>	K. () James
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip Code	
New Registered Agent's Signature, if changing Registered Agent;	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comp e performance of my duties, and I am familiar wit provided for in Chapter 603, F.S. Or, if this doct	ument is

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
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