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COVER LETTER

TO: R	Registration Sec Division of Corp	etion porations		
eud ie <i>e</i> e	immigra)	YT ASSOÇIATION INCOME	-TAX SERVICE CENTER LL	C
SUBJECT	1: <u></u>	Name of Lim	ited Liability Company	
		:		
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspoi	ndence concerning this matter	to the following:	
		YENNITZA FERRER SA	NTANA	
			Name of Person	
		IMMIGRANT ASSOCIAT	TION INCOME-TAX SERVICE	CENTER LLC.
			Firm/Company	, <u> </u>
		744 TREKKER ST		
			Address	
		JACKSONVILLE, FLORE	DA. 32216	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		mayavida 17@gmail.com		
For furthe	r information co	ncerning this matter, please co	to be used for future annual report no all:	nheation)
Yennitza I	Ferrer Santana	1	787 901-6773	
	Name of	Person		ne Telephone Number
Enclosed i	s a check for th	e 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations x 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Sociation newne-Tax Service
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company) Cluta
The Articles of Organization for this Limited Liability Company Florida document number L17000232838	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
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:	
(Principal office address MUST BE A STREET ADDRESS)	N/A 39
Enter new mailing address, if applicable:	N/A
(Mailing uddress MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
MGR	LIUNNET T. ECHEVERRIA	2471 COACHMAN LAKE DR JAI JACKSONTHE FL. 32246	
			Change
MGM	TAYMARA VIDAL	6200 BARNES RD JACKSONVIL	Add
			Remove
	i		Change
		•	
			□ Remove
	l		□ Clange →
			Remove 39
			Change
			□ Remove
	ı		Change
			□ Add
			□ Remove
			□ Change

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E: If the date inserted	than the date of filing:	5 605.0 : listee
ecord specifies a ne 90th day afte	a delayed effective date, but not an effective time, at $12.01\ a.m.$ on the e r the record is filed.	arliei
d 11-2-2	Signature of a member or authorized representative of a member	
	1 / a 1 = + Aa /	
	Signature of a member or authorized representative of a member	_

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Filing Fee: \$25.00