

L18000008299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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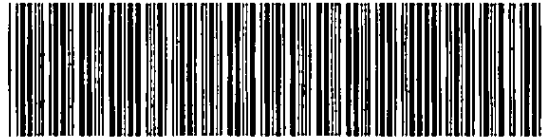
(Business Entity Name)

(Document Number)

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18 MAR 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JC Caribbean Tax, Multi Services LLC
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:

Clesca Jean
Name of Person
JC Caribbean Tax, Multi Services LLC
Firm/Company
902 N. Pine Hills Rd
Address
Orlando FL 32808
City/State and Zip Code
JCmix09@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean at (267) 897-0675
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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on LLC
Florida document number 180000008299

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JC Caribbean Tax, Multi-Services LLC

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)

902 N. Pine Hills Rd
ORlando, FL 32808

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7108 Tallow Tree Ln
ORlando FL 32835

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:

Clesca Jean

New Registered Office Address:

902 N. Pine Hills Rd

Enter Florida street address

ORlando

City

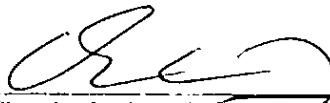
Florida

32808

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>
AMBR	Théonide Jean		<input type="checkbox"/> Add
		7108 Tallowtree Ln, Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
FLORIDA
TALLAHASSEE

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

1. What is the main purpose of the study?
 2. What are the research objectives?
 3. What is the significance of the study?
 4. What is the scope of the study?
 5. What are the limitations of the study?
 6. What is the methodology used in the study?
 7. What are the results of the study?
 8. What are the conclusions of the study?
 9. What are the implications of the study?
 10. What are the future research directions?

F. Effective date, if other than the date of filing: 01/09/18 (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

3/8/88


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Clesca Jean

Typed or printed name of signee