48000 237103

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	·
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

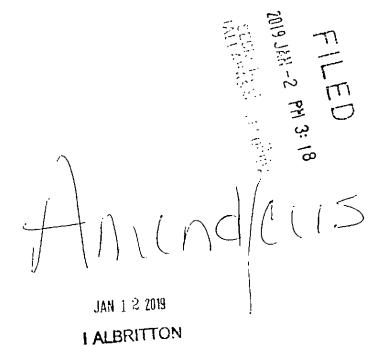
Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
cr.p.i		CCOUNTING PLUS SVC. L	LC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JULIO DANGER		
			Name of Person	
		PO BOX 680398	Firm/Company	
		ORLANDO, FL 32868	Address	
		julio.danger@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	ull:	
JULIC	DANGER	f Person	407 9625728 at () Area Code Daytime	: Telephone Number
	Name o	retson	Area Code Daynin	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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:

TO:

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

JD TAX ACCOUNTING PLUS SVC, LLC

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

2019 MAY 2: 18 The Articles of Organization for this Limited Liability Company were filed on 10/08/2018 Florida document number L18000237103 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO BOX 680398 Enter new mailing address, if applicable: ORLANDO, FL 32868 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Type of Action
AMBR	ELMITA DANGER	2792 PYTHAGORAS CIRCLE. OCOEE, FL 34761	∃ Add
			☐ Remove
			□ Change
AMBR	ERNEST REGIS	2792 PYTHAGORAS CIRCLE OCOEE, FL 34761	
			Remove
			☐ Change
			Add
			□ Remove
			Change
			
			Remove
			Change
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			Change
			□ Add
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n effective d ote: If the o		must be specific and block does not r	d cannot be pr meet the app	ior to date of fill licable statuto) Pursuant to 605.020 will not be listed as
	pecifies a delay day after the r			not an effec	tive time, at	12:01 a.m.	on the earlier o
ted	12.	28		18			
)		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00