# 118000259782

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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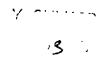


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## **COVER LETTER**

TO: Registration Division of 0	n Section Corporations		
WISE T	AX MULTI-SERVICE® LLC	· •	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Wisner Jean		
	WISE TAX PREPARED I	Name of Person	
	1116 Oakwater Drive	Firm/Company	
	Royal Palm Beach Fl 3341	Address	
	wisnerjean@gmail.com	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please ca	ill:	
Wisner Jean		561 255 0728 at ()	
Nani	ic of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	or 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

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000259782}{1.18000259782}$ .	were filed on FLORIDA and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
WISE TAX MULTI SERVICE® LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	WISNER JEAN
(Principal office address MUST BE A STREET ADDRESS)	1116 OAKWATER DRIVE
	ROYAL PALM BEACH FL 33411
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address RAFE 5
	, Florida

#### 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
			Remove
			Change
			Add
		-	☐ Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			□ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change

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	<del> </del>	
(If an et <u>Note:</u>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at $12:01 \text{ a.m.}$ on the earlier called after the record is filed.	ıf:
Dated	10/30/19	
	Signature of a member or authorized representative of a member	
	Wisner Jenny  Typed of rinted name of signee	