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COVER LETTER

Division of Cor							
	eeping & Tax Solutions, LLC		6				
SOBILCT:	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Johana P Mitchell						
		Name of Person					
	JDP Bookkeeping & Tax S	Solutions, LEC					
	- ·	Firm/Company					
	807 McFall Ave						
		Address					
	Orlando, FL 32805		ime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
		City/State and Zip Code					
	johanap41@gmail.com						
For further information c	E-mail address: (concerning this matter, please e	to be used for future annual report nall:	otification)				
Johana P Mitchell		407 342-1747					
Name o	f Person	Area Code Day	time Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy				
Mailing Addres		Street Address:					
Registration : Division of C		Registration S Division of C					
P.O. Box 632	27	The Centre o					
Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDP Bookkeeping & Tax Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 21,2018 Florida document number L18000271147 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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>	Address	Type of Action
AMBR	Denisha Perez	1766 N. MASCHER ST	□Add
		PHILADELPHIA, PA 19122	■Remove
			□Change
-			
			Remove
			□Add
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Filing Fee: \$25.00