# L19000057922

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Efficy Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000326014450

03/18/ s . . . Holl \*\*....

MINAR 18 PM 5: 07

.....

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
<b>.</b>		X & IMMIGRATION OFFICE	ELLC			
SUBJECT:Name of Limited Liability Company						
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspor	ndence concerning this matter	to the following:			
		JAMES LOUISSAINT				
		JAMES TAX & IMMIGRATI	Name of Person ON OFFICE LLC			
		200 KNUTH RD STE 214B	Firm/Company			
		BOYNTON BEACH, FL 334	Address 436			
		JAMESL28@OUTLOOK.CC	City/State and Zip Code	<u>.</u>		
		E-mail address: (	to be used for future annual report notifi	ication)		
For furth	er information co	oncerning this matter, please ca	alt:			
JAMES	LOUISSAINT		978 418-9537 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	e following amount:				
<b>□ \$</b> 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:

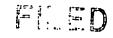
TO:

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 OF



2019 HAR 18 PH 5: 07

### JAMES TAX & IMMIGRATION OFFICE LLC

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 02/27/2019 and assigned Florida document number L19000057922 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_\_

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MERILIEN ARTIL	200 KNUTH RD STE 214B, BOYNTON BEACH, FL 33436	<b>∃</b> Add
			□ Damaya
			□ Change
			· · ·
			Remove
			□ Change
<del></del>			🗖 Add
			☐ Remove
			Change
<del></del>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Add
			Remove
			□ Change
<del></del>			Add
			Remove
			Change

D. If ar	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE ADD THIS EIN#: 83-3343948					
E 13.66	et it is to disability of the continue of the					
(If an o	ctive date, if other than the date of filing:					
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier one 90th day after the record is filed.	f:				
Date	d 03-14-2019.					
	Signature of a member of authorized representative of a member					
	JAMES LOUISSAINT					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00