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| (Re                      | equestor's Name)  |           |  |  |
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| (City/State/Zip/Phone #) |                   |           |  |  |
| PICK-UP                  | ☐ WAIT            | MAIL MAIL |  |  |
| (Bu                      | siness Entity Nam | ne)       |  |  |
| (Do                      | ocument Number)   |           |  |  |
| Certified Copies         | _ Certificates    | of Status |  |  |
| Special Instructions to  | Filing Officer:   |           |  |  |
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Office Use Only



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3 F/1 2: 22

Amend

## **COVER LETTER**

| P & J HOM<br>SUBJECT:             | IES, LLC.  |  |  |  |
|-----------------------------------|--|--|--|--|
| Name of Limited Liability Company |  |  |  |  |
| he enclosed Articles of           | Amendment and fee(s) are submitted for filing.                     |  |  |  |
| Please return all correspo        | ndence concerning this matter to the following:                    |  |  |  |
|                                   | JASMINE RODRIGUEZ  |  |  |  |
|                                   | Name of Person   |  |  |  |
|                                   | BEST QUICK TAX RETURNS, INC.                                       |  |  |  |
|                                   | Firm/Company   |  |  |  |
|                                   | 320 S BUMBY AVE STE 10   |  |  |  |
|                                   | Address  |  |  |  |
|                                   | ORLANDO FL 32803   |  |  |  |
|                                   | City/State and Zip Code  |  |  |  |
|                                   | E-mail address: (to be used for future annual report notification) |  |  |  |
| For further information c         | oncerning this matter, please call:                                |  |  |  |
| JASMINE RODRIGUEZ                 | 407 896-7921<br>at ()  |  |  |  |
| Name o                            | f Person Area Code Daytime Telephone Number                        |  |  |  |

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

**Registration Section** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3,

| P & J HOMES, LLC.   |  | $\mathcal{F}_{i}$            |
|---|--|------------------------------|
| ( <u>Name of the Limited Liabil</u><br>(A Florid  | tity Company as it now appears on our records.)<br>la Limited Liability Company) | ټن                           |
| The Articles of Organization for this Limited Liability (Florida document number £19000155101 | Company were filed on 06/11/2019   | and assigned                 |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the lim  | nited liability company here:  |                              |
| The new name must be distinguishable and contain the words "Lin                               | nited Liability Company," the designation "LLC" of                               | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                              |
| (Principal office address MUST BE A STREET ADD  | RESS)  |                              |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)          |  |                              |
| B. If amending the registered agent and/or regi   |  | enter the name of the n      |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  | Enter Florida street address   |                              |
|   | , Flor   | ida                          |
|   | City   | 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                 | Type of Action |
|--------------|-----------------|--------------------------------|----------------|
| MGRM         | PABLO RODRIGUEZ | 3564 AVALON PARK BLVD<br>1-186 | <b>=</b> Add   |
|              |                 | ORLANDO FL 32828               |                |
|              |                 |                                | ☐ Remove       |
|              |                 |                                | ☐ Change       |
| MGRM         | MARK RODRIGUEZ  | 3564 AVALON PARK BLVD<br>1-186 |                |
|              |                 | ORLANDO FL 32828               |                |
|              |                 |                                | □ Remove       |
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|  | , if other than the                                 | date of filin                         | g: <u>6</u> [                           | <u>///7</u>                                  | (opt  | ional)  |                 |
| Effective date   | e is listed, the date must<br>be inserted in this b | st be specific and<br>lock does not r | I cannot be prior t<br>neet the applica | o date of filing or m<br>ble statutory filin | ore than 90 days afte<br>g requirements, th | er filing.) Pursuant to 605<br>is date will not be list | 5.0207<br>ed as |
| (If an effective dat   |   | epartment of S                        | state's records.                        |  | 5 · - · · · · · · · · · · · · · · · · ·     |   |                 |
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Filing Fee: \$25.00