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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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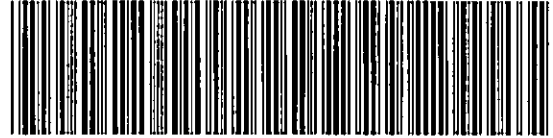
(Business Entity Name)

(Document Number)

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APR 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE PULSE FINANCIAL DBA ONE PULSE TAX AND CREDIT SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTIAN ORTIZ

Name of Person

ONE PULSE FINANCIAL DBA ONE PULSE TAX AND CREDIT SOLUTIONS LLC

Firm Company

2756 MONTICELLO WAY

Address

KISSIMMEE FL 34741

City, State and Zip Code

onepulsefinancial@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN ORTIZ

407

9539372

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
MGR	CHRISTIAN ORTIZ	2756 MONTICELLO WAY KISSIMMEE FL 34741	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 3, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00