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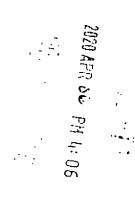
(R	lequestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(B	lusiness Entity Name)
(C	Ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	: Filing Officer:	

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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

ONE PULS	SE FINANCIAL DBA ONE P	ULSE TAX AND CREDIT Street Liability Company	SOLUTIONS LLC
	Same of thit	nea Flantity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAN ORTIZ		
		Name of Person	
	ONE PULSE FINANCIA	L DBA ONE PULSE TAX A	AND CREDIT SOLUTIO
		Firm Company	
	2756 MONTICELLO WA	Υ	
		Address	<u> </u>
	KISSIMMEE FL 34741		
	<u>-</u>	City State and Zip Code	
	onepulsefinancial@gmail	.com to be used for future annual repo	ort out the artism's
For further information c	oncerning this matter, please c		n (contractor)
		407 95393	70
CHRISTIAN ORTIZ		at () Area Code I	
Name o	t Person	Area Code I	Daytime 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	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Addre	
Registration : Division of C		Registratio Division o	on Section f Corporations
P.O. Box 631			of Tallahassee

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE PULSE FINANCIAL DBA ONE PULSE TAX AND CREDIT 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 L	iability Company we	ere filed on FEBRUARY	6. 2020 and assigned
Florida document number L20000043240	·		
This amendment is submitted to amend the following	owing:		2020 APR &G
A. If amending name, enter the new name o	f the limited liabilit	v company here:	
ONE PULSE FINANCIAL LLC			· 6
The new name must be distinguishable and contain the v	ords "Limited Liability	Company," the designation "	LLC" or the abbreviation J.L.C.
Enter new principal offices address, if applic	able:		·
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	- <u>BOX)</u> .		
B. If amending the registered agent and/or ragent and/or the new registered office addre	• .		ter the name of the new registered
New Registered Office Address:	2756 MONTICEL	LO WAY	
isew ise gistered variete address.		Emer Florida street ao	ldress
	KISSIMMEE		. Florida <u>34741</u>
		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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTIAN ORTIZ	2756 MONTICELLO WAY KISSIMMEE FL 3474	1 □Add
			'_IRemove
			= Change
			_ ⊒Add
		· ·	□Remove
			APR Ddd : Premove
			_ F ⊘ dd :
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	be specific and cunnot be prior to date of filir	(optional) ng or more than 90 days after filing.) Pursuant to 605.6 y filing requirements, this date will not be listed
in effective date is listed, the date must ote: If the date inserted in this blo	partment of State's records.	
in effective date is listed, the date must ote: If the date inserted in this blo- ocument's effective date on the De- record specifies a delayed effective	partment of State's records.	La.m on the earlier of: (b) The 90th day after
in effective date is listed, the date must ofter. If the date inserted in this blo seument's effective date on the Depresent specifies a delayed effective is filed.	partment of State's records. date, but not an effective time, at 12:01	La.m on the earlier of: (b) The 90th day after
ote: If the date inserted in this bloseument's effective date on the Depresent specifies a delayed effective is filed. APRIL 3 ated	partment of State's records. date, but not an effective time, at 12:01	

Filing Fee: \$25.00