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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Corp	orations		•
SUBJECT: J&	V TAX AND B	OOKKEPPING SER	VICES, LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JOHNN 1	VALLEJO	
		Name of Person	
	JOV TAX AM	OD BOOKKEPPING	SERVICES, LLC
		Firm/Company	
	5431 SW	42nd PLACE	
	· · · · · · · · · · · · · · · · · · ·	Address	· · · · · · · · · · · · · · · · · · ·
	Ocala 7	E1 34474	
	UCA1a, 1	FL 34474  City/State and Zip Code	
			2m
	E-mail address: (	ohan C gmail. Co	ification)
For further information cor	ncerning this matter, please ca	all:	
JOHNN	VALLEJO	at (719) 213 Area Code Daytin	3092
Name of I	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	following amount:		
\$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:		Street Address:	
Registration Se		Registration Se	
Division of Co P.O. Box 6327	-	Division of Co The Centre of	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&V TAX AND BOOKKEPPING SERVICES, 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 w	vere filed on <u>APril 28, 2020</u> and assigned
Florida document number <u>L 20000114587</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
J&V TAX AND BOOKKEEPING/	
The new name must be distinguishable and contain the words "Limited Liability	y 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 ade	dress on our records, enter the name of the new registered
agent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Citv Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	
accept the obligations of my position as registered agent as pro	
being filed to merely reflect a change in the registered office ac	ddress, 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	
AMDD -	Austrominad	NA.

AMBR	<b>=</b>	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			☐Remove
			□ Change
			□Add
		<del></del>	□Remove
		<del></del>	Change
			□Remove
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			□Remove
			☐ Change
			□Add
			□Remove
			□Change

amena	ing any other information, enter change(s) here: (Attach additional sheets. if necessary.)
-	
n effecti <u>ete:</u> If t	date, if other than the date of filing:
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	July 7 2022 (JA)
	Signature of a member or authorized representative of a member
	JOHNN VALLEJO

Typed or printed name of signee