

L20000 120265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

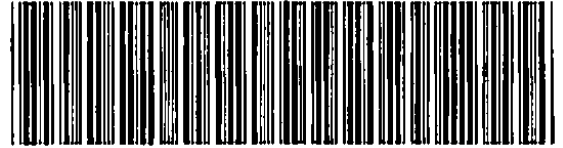
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/20--01007--025 **25.

RECEIVED
MAY 13 AM 8:14
CLERK OF SUPERIOR COURT

**TO: Registration Section
Division of Corporations**

SUBJECT: JUPITER TAX GROUP, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SAVANNA GRAHAM

Name of Person

Firm/Company

15431 105TH DR N

Address

JUPITER, FL 33478

City/State and Zip Code

MIKE@FFKCPA.COM

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

For further information concerning this matter, please call:

MICHAEL GRAHAM CPA

at (561) 2525292

Name of Person

Area Code

Daytime 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:

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

TO
ARTICLES OF ORGANIZATION
OF

JUPITER TAX GROUP 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 were filed on 5/4/20 and as Florida document number L20000120265.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JUPITER TAX SOLUTIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L."

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 address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: ✓ _____

Enter Florida street address

_____, Florida _____
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 all 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> Act
_____	_____	_____	<input type="checkbox"/> Re
_____	_____	_____	<input type="checkbox"/> Ch
_____	_____	_____	<input type="checkbox"/> Ad
_____	_____	_____	<input type="checkbox"/> Ret
_____	_____	_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Adc
_____	_____	_____	<input type="checkbox"/> Ren
_____	_____	_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Rem
_____	_____	_____	<input type="checkbox"/> Char
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remc
_____	_____	_____	<input type="checkbox"/> Chan
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remc
_____	_____	_____	<input type="checkbox"/> Chan

OFFICE OF THE
TALLAHASSEE COUNTY
CLERK
2020
MAY 13
AM 8:44

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2020 MAY 13 AM 8:44
STATE OF MISSISSIPPI

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.

Dated May 8th, 2020

Savanna Graham

Signature of a member or authorized representative of a member

Savanna Graham

Typed or printed name of signee