

LR1000000755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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03/21/22--01038--012 \*\*52.50

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Q. SILAS  
MAY 20 2022

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FILED  
MAY 13 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAY 13 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

April 26, 2022

ZAHIRIS E QUEZADA APONTE  
2413 MINFORD PL  
JACKSONVILLE, FL 32246

SUBJECT: CZ TAX SERVICES, LLC  
Ref. Number: L21000000755

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 922A00009668

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CZ TAX SERVICES, 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.

ZAHIRIS E QUEZADA APONTE  
Name of Person

CZ TAX SERVICES, LLC  
Firm/Company

2413 Minford Pl  
Address

Jacksonville, FL 32246  
City/State and Zip Code

ezaccountingservices@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZAHIRIS E QUEZADA APONTE at ( 904 ) 609-2383  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

MAY 13 AM 10:17

CZ TAX SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/21/2020 and assigned Florida document number L21000000755.

This amendment is submitted to amend the following:

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

EZ ACCOUNTING SERVICES & MORE, LLC

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

Enter new principal offices address, if applicable:

2413 Minford Pl

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32246

Enter new mailing address, if applicable:

2413 Minford Pl

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32246

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

Name of New Registered Agent:

ZAHIRIS E QUEZADA APONTE

New Registered Office Address:

2413 Minford Pl

*Enter Florida street address*

Jacksonville

Florida

32246

*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>              | <u>Address</u>                         | <u>Type of Action</u>                   |
|--------------|--------------------------|----------------------------------------|-----------------------------------------|
| AMBR         | ZAHIRIS E QUEZADA APONTE | 2413 Minford PI Jacksonville, FL 32246 | <input checked="" type="checkbox"/> Add |
|              |                          |                                        | <input type="checkbox"/> Remove         |
|              |                          |                                        | <input type="checkbox"/> Change         |
| MGR          | ZAHIRIS E QUEZADA APONTE | 2413 Minford PI Jacksonville, FL 32246 | <input checked="" type="checkbox"/> Add |
|              |                          |                                        | <input type="checkbox"/> Remove         |
|              |                          |                                        | <input type="checkbox"/> Change         |
|              |                          |                                        | <input type="checkbox"/> Add            |
|              |                          |                                        | <input type="checkbox"/> Remove         |
|              |                          |                                        | <input type="checkbox"/> Change         |
|              |                          |                                        | <input type="checkbox"/> Add            |
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|              |                          |                                        | <input type="checkbox"/> Change         |
|              |                          |                                        | <input type="checkbox"/> Add            |
|              |                          |                                        | <input type="checkbox"/> Remove         |
|              |                          |                                        | <input type="checkbox"/> Change         |

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

N/A

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 5/5/2022 (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 605-0207 (3)(b)

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

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 the record is filed.

Dated MAY 5, 2022

  
Signature of a member or authorized representative of a member

ZAHIRIS E QUEZADA APONTE  
Typed or printed name of signer