

121000064529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

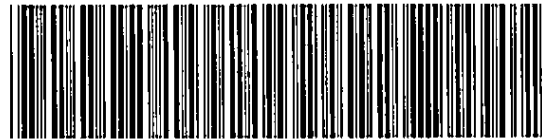
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

4/26/21

# Tax Professional Services, LLC

A Financial Services Corporation  
1105 W Maple Ave  
Geneva, AL 36340  
334-684-6398  
334-684-7193 -fax  
[www.taxprollc.com](http://www.taxprollc.com)

*Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, Alabama Association of Accountants, American Society of Problem Solvers*

February 23, 2021

FLORIDA DEPARTMENT OF STATE  
AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL. 32314

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SECRETARY OF STATE  
TALLAHASSEE, FL

To whom it may concern,

Enclosed you will find: Articles of Amendment, check for payment and a self addressed & stamped envelope.

Please register the enclosed Articles of Amendment for JMS Installers, LLC and return to us in self addressed envelope provided Cert#: 7018 0360 0000 7625 3079.

Thank you,

U.S. Steiner

Ulli Steiner  
Tax Professional Services, LLC

Enc.

Cert#: 7018 0360 0000 7625 3062

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: JMS Installers, 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:

Ulli Steiner

\_\_\_\_\_  
Name of Person

Tax Professional Services, LLC

\_\_\_\_\_  
Firm/Company

1105 W Maple Ave

\_\_\_\_\_  
Address

Geneva, AL 36340

\_\_\_\_\_  
City/State and Zip Code

ulli@taxprollc.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ulli Steiner

334

684-6398

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 St., Suite 210  
Tallahassee, FL 32310

JMS Installers, LLC

**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>
_____	_____	_____	<input 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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F-1-ED

(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)

Dated February 23, 2021

*Pat H.*

Matthew L. Steverson

Typed or printed name of signee