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03/24/21--01011--003 \*\*25.00



## **COVER LETTER**

SUBJECT: JHOANA LO	PYO PLLC			
	Name of Limited Liability Company			
The enclosed Articles of Amendment Please return all correspondence correspondence				
	PATRICIA PENA			
<del></del>	: Name of Person			
	TAX SOLUTIONS AND BOOKKEEPING LLC			
<del></del>	Firm/Company	<del></del> , ~	207	
	7751 KINGSPOINTE PKWAY STE 119		2021 SEP 24	77
	Address	<del></del>	5	· 1/222
	ORLANDO, FL 32819			
City/State and Zip Code			PH 2: I	المستري
	TAXES.SOLUTIONS100@GMAIL.COM	四點		
<del></del>	E-mail address: (to be used for future annual report notification)		10	
For further information concerning th	is matter, please call:			
JHOANA LOYO URRUTIA	at ( 407 5029384			
Name of Person	Area Code Daytime Telephone No	umber	_	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Registration Section** 

Division of Corporations

TO:

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

## JHOANA LOYO PLLC

(Name of the Limited Li (A Fl	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document number L21000387754	ty Company were filed on _	08/30/2021	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company l	nere:	
JHOANA C LOYO URRUTIA PLLC		<del></del> _	
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:			型。5
(Principal office address MUST BE A STREET AL	DDRESS)		7
-			
			ASS PRINT
Enter new mailing address, if applicable:			70 13
(Mailing address MAY BE A POST OFFICE BOX	2		22
B. If amending the registered agent and/or registered agent and/or the new registered office address here.  Name of New Registered Agent:	ered office address on our e:	records, <u>enter the</u> na	nme of the new registered
New Registered Office Address:	Enter Flo	orida street address	
<del></del>	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete performance o d agent as provided for in tered office address, I here	f my duties, and I an Chapter 605, F.S. O	n familiar with and or, if this document is

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
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reffective date te: If the dat	if other than the cost is listed, the date must be inserted in this bloometive date on the Dep	be specific and can ik does not meet	inot be prior to d the applicable	statutory filing r	equirements, this	filing.) Pursus s date will no	int to 605.020 at be listed a
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