## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: TAX ZONE INC.

Account Number : 120190000044

: (407)888-3131

Fax Number

: (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Accountantal tax conefficion

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JDMERC LLC

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## **COVER LETTER**

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SUBJECT:	JDMERC I	rc					
SUBJECT:		Name of Lin	ited Liability Company				
The enclosed	l Articles of	Amondment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		ED KOTLER					
			Name of Person			2021	
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	ORLANDO, FL 32819					있 다	
			City/State and Zip Code		·-		
		ACCOUNTANT@TAXZO					
For further in	formation c	e-man address: ( oncerning this matter, please c	to be used for future annual report noti-	tication)			
ED KOTLER		one criming and mander, proude c					
TD KOTTILI		S.11	407 \$88-3131 at () Area Code Daytime				
	Name of	Person	Area Code Daytime	: Telephone Number	[		
Enclosed is a	check for th	e foliowing amount:					
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Sta	tus &	
Reg	ing Addressistration S	Section	Street Address: Registration Sec				
	ision of C . Box 632	orporations 7	Division of Cor The Centre of T				
	ahassee, F		2415 N. Monro		10		

Tallahassee, FL 32303

To: •

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDMERC LLC		
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our records.)  ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L21000450380	/ere filed on 10/152021	aud assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	2024
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		= (N
Enter new mailing address, if applicable:		i in
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records, <u>enter the r</u>	name of the new registered
New Registered Office Address:	Enter Florida street address	
.,		
	City , Florida	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 peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I dovided for in Chapter 605, F.S.	um fumiliar 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

Title	Name	Address	Type of Action
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