## L21000462155

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Dai	cument Number)	
Certified Copies	Cortificator	of Status
Certified Copies	_ Certificates	OI Status
Special Instructions to f	Filing Officer:	

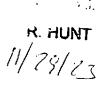
Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
	X & ACCOUNTING SERVIC	CES, LLC.	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SOTHONG P VOUN		
		Name of Person	
	VOUN TAX & ACCOUN	ITING SERVICES, LLC.	
		Firm/Company	
	13475 ATLANTIC BLVD	UNIT 8 #3054	1
		Address	
	JACKSONVILLE, FL 32	225	
		City/State and Zip Code	
	SVOUN.VTAS@GMAIL.0	COM (to be used for future annual report not	Maritan)
For further information of	concerning this matter, please c	,	incation)
SOTHONG P VOUN		904 629-2487 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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 S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co.	
P.O. Box 632 Tallahassee, 1		The Centre of 7	
i aiiaiiassee, i	L D D D D T T	Z413 IV. IVIUIIIQ	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**VOUN TAX & ACCOUNTING SERVICES, LLC.** 

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000462155	were filed on 10/21/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
VOUN TAX PRO, LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C.",-
Enter new principal offices address, if applicable:	7545 CENTURION PKWY #303	023
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32256	
		29
Enter new mailing address, if applicable:	2048 ELAINA DR	PK12:
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32216	-0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
N. B. Carlotte M. Grand and Grand an	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, 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
			□ Add
			□Remove
			□ Change
			□Add
			☐Remove 2023
			Change:
			Add
			□Remove
			□ Change
			□Add
			□ Remove
		<del></del>	Change
			□ Add
			□Remove
			Change

## Page 2 of 3

Effective date, if other than the date of filing:		
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Lothers OVous	NOVEMBER 27 2023	
Signature of a member or authorized representative of a member		<b>-</b> ·
	Sollong OVour	