4/28/22, 2:15 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

; TAX ZONE INC. Account Number : 120190800044

Phone Fax Number : (407)888-3131

: (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: accountant

COR AMND/RESTATE/CORRECT OR O/D RESIGN JDYD CONSULTING LLC

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| Certified Copy.       | 0       |
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### ((1 HZLOOD 1559 10 3))) **COVER LETTER**

Name of Limited Liability Company

TO: Registration Section Division of Corporations

Page: 6 of 9

JDYD CONSULTING LLC

| The enclosed Articles of A  | Amendment and fcc(s) are sub-                 | mitted for filing.   |  |  |
|-----------------------------|---|--|--|--|
| Please return all correspon | idence concerning this matter                 | to the following:  |  |  |
|                             | ED KOTLER                                     |  |  |  |
|                             |   | Name of Person   | <u> </u>   |  |
|                             | TAX ZONE INC                                  |  |  |  |
|                             | · · · · · · · · · · · · · · · · · · ·         | Firm/Company   | <del>,,,,,</del>   |  |
|                             | 8865 COMMUNITY CIR STE 4                      |  |  |  |
|                             |   | Address  | · · · · · · · · · · · · · · · · · · ·  |  |
|                             | ORLANDO, FL 32819                             |  |  |  |
|                             | City/State and Zip Code                       |  |  |  |
|                             | ACCOUNTANT@TAXZO                              | NEFL.COM   |  |  |
|                             | E-mail address: (                             | to be used for future annual report notifi                           | cation)  |  |
| For further information co  | oncerning this matter, please co              | all:   | ·  |  |
| ED KOTLER                   |   | 407 888-3131   |  |  |
| Name of                     | Person  | Area Code Daytime  | Telephone Number   |  |
| Enclosed is a check for th  | e following amount:                           |  |  |  |
| □ \$25.00 Filing Fcc        | \$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | [] \$60.00 Fiting Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# (((+122000 1559 10 3))) ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION 1022 HAY -2 AH 11: 27 OF

#### JDYD CONSULTING LLC

Page: 7 of 9

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

| The Articles of Organization for this Limited Liability Comp   | any were filed on 04/08/2022 and assigned                              |
|--|--|
| Florida document number 1.22000170069  |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited   | liability company here:  |
| The new name must be distinguishable and contain the words "Limited L  | Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>   |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>enter the name of the new register</u>  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | , Florida  |
|  | 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.

## (UHZ2000 1559 1035))

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

Page: 8 of 9

| <u>Title</u> | Name   | <u>Address</u>   |                | Type of Action |
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|   | Jona R.   | <u> </u>   |  |                             |
|   |   |  |  |                             |
|   | Signature of a member or nul  | thorized representative of a me  | mbor   | <u> </u>                    |