

5/5/23, 2:56 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L23000211626**

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H230001694033ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC.  
Account Number : 120190000044  
Phone : (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: Accountant@taxzonefl.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JENNIFER EVANS LLC**

Certificate of Status	0
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Corporate Filing Menu

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MAY 08 2023

K. Brumley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ED KOTLER

\_\_\_\_\_  
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:

ED KOTLER

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

TAX ZONE INC

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

8865 COMMODITY CIR STE 4

\_\_\_\_\_  
Address

ORLANDO, FL 32819

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

ACCOUNTANT@TAXZONEFL.COM

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

For further information concerning this matter, please call:

ED KOTLER

407

888-3131

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 Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JENNIFER EVANS LLC

(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 Company were filed on 04/28/2023 and assigned  
Florida document number L23000211626.

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 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)

129 WALKERS POINT DR

AUBURNDALE, FL 33823

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

129 WALKERS POINT DR

AUBURNDALE, FL 33823

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JENNIFER WINTERS EVANS

New Registered Office Address:

129 WALKERS POINT DR

Enter Florida's street address

AUBURNDALE

City

Florida 33823

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.*

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>
AMBR	JENNIFER WINTER EVANS	129 WALKER POINT DR	<input type="checkbox"/> Add
		ORLANDO, FL 33823	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JENNIFER WINTERS EVANS	129 WALKERS POINT DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 33823	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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