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P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration So Division of Cor		e,	
OPTIN I P		TAX & BUSINESS ADVISOR	S LLC	
SUBJE	sci:	Name of Limit	ed Liability Company	
The end	closed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspo	ondence concerning this matter to	o the following:	
			Albin Eberwein	
			Name of Person	
			Firm/Company	
		883 C	Carmen Hernandez street	
Address				
		S	San Juan, PR 00924	
			City/State and Zip Code albinpr@gmail.com	, ~?
For fue	thar information a	E-mail address: (to oncerning this matter, please cal	be used for future annual report notification)	7527 JI
rorium		berwein	787 407 - 2006	. :
		(Person	at ()	one Number
Enclose		he following amount:	Area Code Daytine Teleph	: - @: N
□ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporation	nns

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JPIZARS TAX & BUSINESS AI	DVISORS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 25, 2023	and assigned
Florida document number 1.23000254301		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)		
		1
		57
Enter new mailing address, if applicable:		- <u>- co</u> -
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sweet address	
	, Florida	Zip Code
	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.

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
MGR	ALBIN EBERWEIN	1722 SHERIDAN STREET UNIT 137	🗀 Add
		HOLLYWOOD, FL 33020 US	Remove
			Change
			□Add
		 	□Remove
			☐Change
			DAdd [1]
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n effective date is listed, the date materials.	block does not meet the applic	cable statutory filing requ			
	Department of State's records	ó.			
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