Division of Corporations Electronic Filing Cover Sheet

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To:

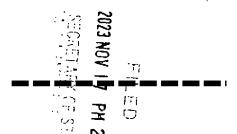
Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131

Fax Number : (888)453-0509



**Enter the email address for this business entity to be used for future

COR AMND/RESTATE/CORRECT OR O/D RESIGN SEPULVEDA CONSULTING SERVICES LLC

Certificate of Status	0
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Estimated Charge	\$35.00

J DENNIS

COVER LETTER

TO: Registration S Division of Co				
SEPULVE SUBJECT:	EDA CONSULTING SERVICE	S LLC		
SOBBRAT.	Name of Lin	ited Liability Company		
The enclosed Articles o	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ED KOTLER			
	111111111111111111111111111111111111111	Name of Person	ideladar. Militara firm describasiona acomunicare exer	
	TAX ZONE INC			
		Firm/Company	1 (T T T T T T T T T T T T T T T T T T	
	8865 COMMODITY CIR			
		Address		
	ORLANDO, FL 32819			
	The second secon	City/State and Zip Code	······································	
	ACCOUNTANT@TAXZO			
For further information of	E-mail address: (concerning this matter, please o	to be used for future annual report notifi all:	cation)	
ED KOTLER		407 888-3131		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is coclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	e	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327		The Costs of To		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 NOV 17 PM 2:32

SEPULVEDA CONSULTING SERVICES 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 C	ompany were filed on 09/11/2023	and assigned
Florida document number L23000423507		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
SAMUEL SEPULVEDA LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	

Emeton many marifican address of an attacks.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	to desire the account of the second of the s	marrie successive and activities of the second seco
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, er	ter the name of the new registered
Togate to office action (s. fie)		
Name of New Registered Agent:		e ett andre attaliansen anne attende to en tre anne attende a en
New Registered Office Address:		
	Enter Florido street ac	ldress
		Florida
	City	, Florida 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 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
***************************************	Al-1-MBNN-161-		□Add
		□Remove	
			☐ Change
			bbA□
	•	Пкетпоче	
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			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated Nov. 17 2023.
Signature of a member or authorized representative of a member
Synch Sepal ved G. Typed or printed name of signee