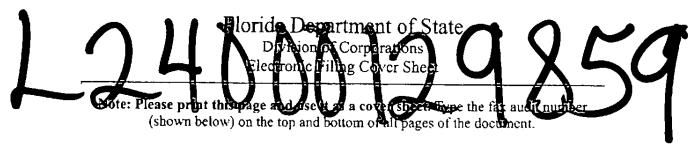
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From;

Account Name : TAX ZONE INC. Account Number : I20190000044 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: 📿 🤇

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JP GABO INNOVATIONS LLC

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COVER LETTER

TO:	Registration Se Division of Con		•	1.	•
SURJE	JP GABO I	INNOVATIONS LLC	•		
		Name of Lis	mited Liability Company		20
					24 A.E
The enc	losed Articles of	Amendment and fee(s) are sui	bmitted for filing.		ا تق
Please r	eturn all correspo	ondence concerning this matter	r to the following:		•
		PIMIENTA, JUAN A			
			Name of Person		12
		JP GABO INNOVATION	IS LLC		
SUBJECT: The enclosed Please return: Eor further inf PIMIENTA, J Enclosed is a c S25.00 Fil			Firm/Company		
		454 SEASON CT			unber 00 Filing Fee, tificate of Status &
			Address		
		APOPKA, FL 32712			
			City/State and Zip Code		
		ACCOUNTANT@TAXZO	ONEFL.COM (to be used for future annual report notific		
Eor furth	ner information co	oncerning this matter, please o	·	cauon)	
PIMIEN	Ta, Juan a		407 888-3131 at ()		
	Name of	f Person		Telephone Number	
Enclosed	d is a check for th	e following amount:			
≅ \$ 25,	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is encl	
	Mailing Address Registration S		<u>Street Address:</u> Registration Sect	ion	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

4530509 From: Tax Zone

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AK	_	ORGANIZATION OF		2024
				Na.1
JP GABO INNOVATIONS LLC				سب. 70 سب ا
(Name of the Liu	(A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	2 PH
The Articles of Organization for this Limited	Liability Company	were filed on 03/15/2024	and assi	
Florida document number L24000129859	 .			12
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liat	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company " the designation "I	I (" or the abbreviation "I. I.	
Enter new principal offices address, if appli		354 SEASON CT	or the above sation (c.e.	
(Principal office address MUST BE A STREET ADDRESS		APOPKA, FL 32712		. <u> </u>
				-
Enter new mailing address, if applicable:		354 SEASON CT		
(Mailing address MAY BE A POST OFFICE	BOX)	APOPKA, FL 32712		
B. If amending the registered agent and/or agent and/or the new registered office addr-	registered office	address on our records, ent	er the name of the new	registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	354 SEASON	CT		
		Enter Florida street add	ress	
	APOPKA		Florida 32712	
		Cuy	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.

From: Tax Zone

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 Agrion
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the secument's effective date on the Department of State's re-	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 60: applicable statutory filing requirements, this date will not be list cords.	5.0207 t c d as
record specifies a delayed effective date, but not an effective date, but not an effect is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
APRIL 02 , 2024		
_ Jon A Pintents	·	