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TO:		stration S ion of Co		ions		ŕ			
SUBJE	ECT:		LDL	Accountant &	Associat	es CPA Fii	rm, LL	.C	
			•	Name of Lim	ited Liability	Company	·		
The en	closed a	Articles of	Amen	dment and fee(s) are sul	bmitted for fi	ling,			
Please	return a	ill corresp	ondenc	e concerning this matter	r to the follow	ving:			
	David Olivencia								
					Name (of Person			
				LDL Account			Firm,	LLC	
					Finn/C	Company			
	5425 S Semoran Blvd Suite 10-B								
					Add	dress			
				Orla	ndo Florio	da 32822-17	77		
			-	3110		nd Zip Code	• •		
				acc	ountants@	(D)IdIcpas.com	n		
F 6						future annual repo	rt notifica	tion)	
For fur	ther into	ormation of	concern	ing this matter, please of	call:				
		Da	vid O	livencia	at (407 ₎	20	07-55	509
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Enclose	ed is a c	heck for t	he follo	wing amount:					
□\$ 25	.00 Filii	ng Fee	[]\$:	30.00 Filing Fee & Certificate of Status	Certi	Filing Fee & fied Copy tional copy is en	closed)	<u></u> \$	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ENED	0 AM 9: 06	Regist Dryisio P.O. B	ration S on of Co ox 632	orporations		STREET/Control Registration Division of Control Build 2661 Execut Tallahassee.	Section Corporation ding ive Cente	ons er Circ	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LDL Accountant & Associates CPA's, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevious L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Orlando Florida 32822-1777 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the	LDL Accountants & Asso	ociates CPA'S Firm, LLC		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LDL Accountant & Associates CPA's, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviolation." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 10-B Orlando Florida 32822-1777 Enter new mailing address, if applicable: PO Box 720746 Orlando Florida 32872-0746 Mailing address MAY BE A POST OFFICE BOX Orlando Florida 32872-0746 Orlando Florida 32872-0746 Mailing address MAY BE A POST OFFICE BOX Draw of New Registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(A Florida Limited I	Liability Company)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LDL Accountant & Associates CPA's, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevious LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Orlando Florida 32822-1777 Enter new mailing address, if applicable: PO Box 720746 Orlando Florida 32872-0746 Orlando Florida 32872-0746 Orlando Florida 32872-0746 Figure 1. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address Florida	The Articles of Organization for this Limited Liability Company	were filed on5/16/2003	and assigned	
LDL Accountant & Associates CPA's, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevious company here: LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Orlando Florida 32822-1777 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Diagnost Florida 32872-0746 Orlando Florida 32872-0746 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	Florida document numberL0300017752			
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida			the name of the	new
New Registered Office Address: Enter Florida street address , Florida	registered agent and/or the new registered office address her	<u>e</u> :		
New Registered Office Address: Enter Florida street address , Florida				
Enter Florida street address , Florida	Name of New Registered Agent:			—
	New Registered Office Address:			
		Enter Florida street ac	ldress	
City Zip Code		7		
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Hector Abraham	PO Box 720746 Orlando Florida 32872-0746	Add Remove
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	_
			-
	/ /		_
Dated	12/ .20/	/2	
	-	authorized representative of a member	
		vid Olivencia	 -

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Filing Fee: \$25.00