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COVER LETTER

TO: Registration Se Division of Cor			
Guillen Ser	rano & Associates		
301912CT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Gustavo Serrano		
		Name of Person	
	Serrano & Associates		
		Firm/Company	
	3968 NW 82nd Way		
		Address	· · · · · · · · · · · · · · · · · · ·
	Cooper City, FL 33024		
		City/State and Zip Code	
	gserrano94@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Gustavo Serrano		954 612-8010 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)
		0	

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

Guillen Serrano & Associates, LLC

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.14000064201}{1.14000064201}$	were filed on 04/21/2014 Page and assigned
This amendment is submitted to amend the following:	Associates, LLC e must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: ddress MAY BE A POST OFFICE BOX) adding the registered agent and/or registered office address on our records, enter the name of the new registered address on our records, enter the name of the new registered address on our records, enter the name of the new registered address on our records, enter the name of the new registered address on our records, enter the name of the new registered address on our records, enter the name of the new registered office address on our records, enter the name of the new registered of the new
A. If amending name, enter the new name of the limited liab	bility company here:
Serrano & Associates, I.I.C	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3968 NW 82nd Way
(Principal office address MUST BE A STREET ADDRESS)	Cooper City, FL 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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
AMBR	Guillen Pujol CPA, P.A.	2250 SW 3rd Ave, Ste 150	□Add
		Miami, FL 33129	■Remove
			□Change
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fective date, if other than the date n effective date is listed, the date must be s	specific and cannot be prior to o	date of filing or more th	optional) an 90 days after filing.)	Pursuant to 605.0207
ote: If the date inserted in this block of	does not meet the applicabl	e statutory filing req	uirements, this date v	vill not be listed as
cument's effective date on the Depart	tition of other brookings.			
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Filing Fee: \$25.00