

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIVETT TAX ACCOUNTING FIRM COMPANY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVETT C. FREITAS
Name of Person
TIVETT TAX ACCOUNTING FIRM COMPANY LLC
Firm/Company
1654 N. SEMORAN BLVD #142
Address
ORLANDO, FL, 32807
City/State and Zip Code
IVETT.FREITAS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVETT C. FREITAS at (321) 297-3077
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TIVETT TAX ACCOUNTING FIRM COMPANY 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 Company were filed on 9/22/2015 and assigned Florida document number L15000161178.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1654 N. SEMORAN BLVD
SUITE 142
ORLANDO, FL, 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1654 N. SEMORAN BLVD
SUITE 142
ORLANDO, FL, 32807

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TIVETT C. FREITAS

New Registered Office Address:

1654 N. SEMORAN BLVD SUITE 142

Enter Florida street address

ORLANDO

City

Florida

32807

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.

Tivett Freitas

If Changing Registered Agent, Signature of New Registered Agent

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SEP 24 PM 13
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALBERTO ENRIQUE MAGIAS	1060 WOODCOCK RD ORLANDO; FL; 32803	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	IVETT C. FREITAS	1654 N. SEMORAN BLVD SUITE 142 ORLANDO; FL; 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	CARLOS J. TRIANA	1654 N. SEMORAN BLVD SUITE 142 ORLANDO; FL; 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add
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 STATE OF FLORIDA
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 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: 7/20/17 (optional)

(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)(b)

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.

If 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 record is filed.

Dated 7/20/2017

Juett Freitas

Signature of a member or authorized representative of a member

JUETT FREITAS

Typed or printed name of signee

FILED
17 JUL 24 PM 1:13
CLERK OF STATE
TALLAHASSEE, FLORIDA