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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CORLES SET CUTT	counting Solutions LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are substantially a substantial and seeds are substantially assume that are substantial and seeds are substantially assume that are sub	-		
ricase return an correspo	ondence concerning this matter	to the following:		
	Jon Gomez			
		Name of Person		
	Gomez Accounting Solution	ons LLC		
		Firm/Company	· · · · ·	
	11131 NW 60th CT.			
		Address		
	Hialeah, FL 33012			
		City/State and Zip Code		
	jonhectorgomez@gmail.com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
For further information c	n-man address: (to	to be used for future annual report noti	neation)	
Jon Gomez		954 591-0355		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	Sys. 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	X \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration		<u>Street Address:</u> Registration Sec	ction	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gomez Accounting Solutions 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 $\frac{10/31/2022}{10}$ and assigned Florida document number 1.22000466192 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gomez Accounting Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 new register agent and/or the new registered office address here: Jon Gomez Name of New Registered Agent: 11131 NW 60th CT. New Registered Office Address: Enter Florida street address Hialeah

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.

Circ

Hydranging 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
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			□Remove
			Change
			□Add
			Remove
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Filing Fee: \$25.00