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### **COVER LETTER**

SUBJECT: AUDIT AND RECONCILIATIONS 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:  FERNANDO OXRUD  (Name of Person)  AUDIT & RECONCILIATIONS LLC  (Firm/Company)  2158 PASA VERDE LN  (Address)  WESTON, FL 33327  (City/State and Zip Code)  For further information concerning this matter, please call:  FERNANDO OXRUD  at (786) 287 5515  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)	TO: Registration S  Division of Co					
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Structure   Corner			(Name of Person)			
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	₹ \$25.00 Filing Fee	<u> </u>	Certified Copy	Certificate of Status & Certified Copy	losed)	

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

# **AUDIT & RECONCILIATIONS LLC**

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 08/24/2004 and assigned document number Document Number L04000062542	
SECOND:	This amendment is submitted to amend the following:	
	FERNANDO OXRUD WILL CEASE HIS FUNCTION AS MANAGER AND WILL BECOME MANAGING MEMBER	
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	07/0CT ~	<u> </u>
	<u>-</u>	SECRE IAKY OF STATE DIVISION OF CORPORATIONS
	70	ORPC
	<del></del>	RAI
		SHOI
Dated SE	EPTEMBER 28	
	Signature of a member or authorized representative of a member	
	FERNANDO OXRUD	

Filing Fee: \$25.00

Typed or printed name of signee