

LO6000052170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

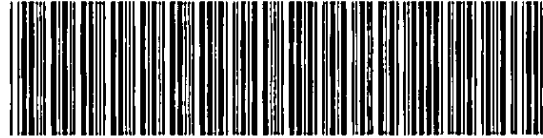
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2023 JAN 13 AM 7:28  
SECRET  
FALLMONT, VT

January 3, 2023

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Articles of Amendment to Articles of Organization**  
**Mendez Molieri & Company, LLC**  
**Mendez CPA Group, LLC**

Dear Sir or Madam:

Please find enclosed the Articles of Amendment to the Articles of Organization for the following companies:


1. *Mendez CPA Group LLC (Document Number L18000002314)*
2. *Mendez Molieri & Company LLC (Document Number L06000052170)*

Said articles of amendments are for the change of name of both companies: *Mendez CPA Group LLC* is changing its name to *Random Q LLC* and *Mendez Molieri & Company LLC* is changing its name to *Mendez CPA Group LLC*.

Please be aware that I, Eduardo Mendez, am the owner and authorized office of both companies. In this capacity, I am authorizing the changes in name. The purpose of this letter, in particular, is to clarify that the change from Mendez Molieri & Company LLC to Mendez CPA Group LLC has been dutifully approved since sending these articles of amendment to the State without this clarification may lead to its rejection.

If you have any questions related to this matter, please feel free to contact me at 305-323-1160.

Sincerely,



Eduardo Mendez, CPA  
Manager

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MENDEZ MOLIERI & 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:

EDUARDO MENDEZ

Name of Person

MENDEZ MOLIERI & COMPANY, LLC

Firm/Company

2155 CORAL WAY

Address

MIAMI, FL 33145

City/State and Zip Code

emendez@mmeo-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO MENDEZ

305

742-2800

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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

2023 JAN 13 AM 7:20  
SECRET  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)



The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

*Zip Code*

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**