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SECRETARY OF STATE

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COVER LETTER

| TO: Registration So Division of Cor | | | | |
|--|--|---|---|-----------------|
| ACCOUN | TNG TASK FORCE LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| | Amendment and fee(s) are sub | | | |
| • | MAURO VILCHEZ | | | |
| | | Name of Person | | |
| | ACCOUNTING TASK F | ORCE LLC | | |
| | | Firm/Company | | |
| | 11920 SW 131 AVENUE | | | |
| | | Address | | 9)VIS |
| | MIAMI, FL 33186 | | | APR PR |
| | | City/State and Zip Code | 5,01,00 | 9- 2 |
| | MVILCHEZ@ACCOUNT | | | CORP PH |
| For further information of | e-man address: (concerning this matter, please c | to be used for future annual report notifies | ation) | FOR/ 4 3: |
| MAURO VILCHEZ 786 442-5089 | | | | ÖF GORPORATIONS |
| Name (| of Person | at () Area Code Daytime T | elephone Number | 3 |
| Enclosed is a check for t | he 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 Sta Certified Copy (additional copy is e | atus & |
| Mailing Address Registration | | <u>Street Address:</u> Registration Secti | on | |
| Division of C | | Division of Corne | | • |

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ACCOUNTING TASK FORCE LLC | | | |
|---|---|--------------------|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company | were filed on 12/22/2006 | and assigned | |
| Florida document number 1.06000121504 | | ÷ | |
| This amendment is submitted to amend the following: | SILVER L | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | 一年 | |
| P&L BOOKKEEPING LLC | | 9 000 CE | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbrev | iation "LLEC." | |
| Enter new principal offices address, if applicable: | 11920 SW 131ST AVENUE | 3: 0 | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FL 33186 | | |
| | | | |
| Enter new mailing address, if applicable: | 11920 SW 131ST AVENUE | | |
| (Mailing address MAY BE A POST OFFICE BOX) | MIAMI. FL 33186 | | |
| | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | nddress on our records, enter the name of | the new registered | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| New Registered Office Address: | Enter Florida street address | | |
| | Florida | | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. 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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| ffective date, if other than the data an effective date is listed, the date must be oter. If the date inserted in this block becament's effective date on the Dep | k does not meet the | applicable statu | tory filing requirer | nents, this date will | nuant to 605.020 not be listed as |
| record specifies a delayed effective of is filed. | late, but not an effe | ective time, at 12: | :01 a.m. on the ear | lier of: (b) The 90t | h day after the |
| March 31st | 2020 |) | | | |
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Filing Fee: \$25.00