

L070000 11636

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 15 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Rolando Trujillo & Associates Accountants, 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:

Rolando Trujillo

Name of Person

Rolando Trujillo & Associates Accountants, LLC

Firm/Company

3785 N.W. 82 Avenue Suite 217

Address

Doral, Florida 33166

City/State and Zip Code

roltruj731@gmail.com

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

For further information concerning this matter, please call:

Rolando Trujillo

Name of Person

305 717-6726

at ()
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**

Rolando Trujillo & Associates Accountants, 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 01-31-2007

Florida document number L07000011636

This amendment is submitted to amend the following:

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

Rolando Trujillo & Associates, LLC

The new name must be distinguishable and end with 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)

3785 N.W. 82 Avenue Suite 217

Doral, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3785 N.W. 82 Avenue Suite 217

Doral, FL 33166

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

If amending the Managers' or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Doral Financial Management, LLC	3785 N.W. 82 Avenue	<input checked="" type="checkbox"/> Add
		Suite 217	<input type="checkbox"/> Remove
		Doral, FI 33166	
MGR	Rolando Trujillo	3785 N.W. 82 Avenue	<input type="checkbox"/> Add
		Suite 217	<input checked="" type="checkbox"/> Remove
		Doral, FI 33166	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

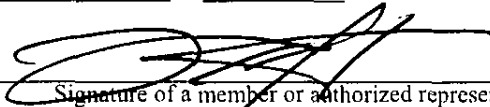
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JANUARY 6, 2014



Signature of a member or authorized representative of a member

ROLANDO TAWILIO

Typed or printed name of signee

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Filing Fee: \$25.00

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