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COVER LETTER

то:	Registration Se Division of Cor			
C130 1E2	Cape Coral	Accounting Service LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enci	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		Lori Moore		
			Name of Person	
		Cape Coral Accounting Se	rvice LLC	
			Firm/Company	
		3501-212 Del Prado Blvd		
			Address	
		Cape Coral Florida 33904		
		_	City/State and Zip Code	
		lmoore@capecoralaccountii		
		E-mail address: (to be used for future annual report no	tification)
For furth	ier information e	oncerning this matter, please ca	ıll:	
Lori Moore 239 542-2558 at ()				
	Name o	f Person	at () Area Code Dayti:	me Telephone Number
Enclosed	I 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 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

2017 JUN 16 PM 2: 16

ALLAMASSILL FLORIOZ

Cape Coral Accounting Service LLC

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

		0,2	
The Articles of Organization for this Limited Lia	ibility Company were filed on $\frac{07/24/2009}{}$	and assigned	
Florida document number 1,09000071173			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	·	
(Principal office address MUST BE A STREET	"ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/o		ords, enter the name of the ne	
registered agent and/or the new registered offi	ice address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	·	Zip Code	
New Registered Agent's Signature, if changing Re	egistered 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

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

Title	<u>Name</u>	Address	Type of Action	
AMBR	Whitney Price	3501-212 Del Prado Blvd	⊞ Add	
		Cape Coral Fl 33904	☐ Remove	
			Change	
MGR	Lori Moore	3501-212 Del Prado Blvd		
		Cape Coral Fl 33904	■ Remove	
			□ Change	
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effective date	is listed, the date	must be specifi	e and cannot be	e prior to date of	filing or more than	90 days after til	ing.) Pursuant to 605.0.
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	cifies a dela ay after the			ut not an efi	ective time, a	t 12:01 a.r	n. on the earlier
ne 90th u	ay arter the	i record is in	ieu.				
ed	((31		17)			
	, K(11	J) \	16/2	resentative of a me		
		Signature	of a member o	r authorized rep	resentative of a me	nber	

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Filing Fee: \$25.00