

109000113905

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : COTTRELL TAX & ACCOUNTING, LLC  
Account Number : I20230000179  
Phone : (239)449-4881  
Fax Number : (239)591-2359

2024 MAY 31 PM 1:46  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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2024 MAY 31 AM 11:40

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: admin@CTA.Tax

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COTTRELL TAX & ACCOUNTING, LLC

Certificate of Status	0
Certified Copy	0
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K. SALY

JUN - 3 2024

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COTTRELL TAX & ACCOUNTING, 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:

BJ Cottrell

Name of Person

Cottrell Tax & Accounting, LLC

Firm/Company

5147 Castello Drive

Address

Naples, FL 34103

City/State and Zip Code

admin@cottrelltax.com

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

For further information concerning this matter, please call:

BJ Cottrell

239 449-4881  
at ( )

Name of Person

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2024 MAY 31 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COTTRELL TAX & ACCOUNTING, 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 11/30/2009 and assigned  
Florida document number L09000113905.

This amendment is submitted to amend the following:

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

COTTRELL TAX & ASSOCIATES, LLC

The new name must be distinguishable and contain 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**)

Enter new mailing address, if applicable:

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

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

City

Florida

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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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
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FLORIDA  
COUNTY

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

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FALLAH

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

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated May 31st, 2024

Signature of a member or authorized representative of a member

Benjamin Cottrell, Jr.

Typed or printed name of signee

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**Filing Fee: \$25.00**

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