

L10 0000 32077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

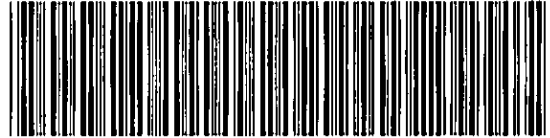
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400365902514

05/10/21--01045--020 \*\*25.00

6/17/21  
*[Signature]*

2021 JUN 10 AM 11:07

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DESNOYERS CPA, LLC  
Name of Limited Liability Company

DESCPA  
BUSINESS  
ADVISORY

d/b/a

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lydia Desnoyers  
Name of Person

DESNOYERS CPA, LLC D.B.A DESCPA  
Firm/Company BUSINESS  
ADVISORY

333 SE 2<sup>nd</sup> Ave 20<sup>th</sup> FLOR  
Address

MIAMI FL 33131  
City/State and Zip Code

lydia@descpa.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lydia Desnoyers at (305) 563-5609  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
10 MAR 11 07

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DESCOYERS CPA, LLC d/b/a DESCPA BUSINESS ADVISORY  
(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 03/24/2010 and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

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)

333 SE 2<sup>nd</sup> Ave  
20<sup>th</sup> FLOOR  
MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as principal address  
above

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:

Same Registered Agent

New Registered Office Address:

333 SE 2<sup>nd</sup> Ave 20<sup>th</sup> FLOOR

Enter Florida street address

MIAMI

City

Florida

33131

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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

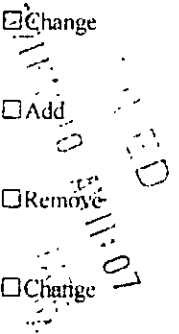
FILED  
MAR 26 11:07  
CLERK OF CIRCUIT COURT  
MIAMI, FL

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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change



[illegible]

**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.

Dated May 16<sup>th</sup> 2020

Signature of a member or authorized representative of a member

LYDIA DESNOYERS  
Typed or printed name of signer

0th day after the

**Filing Fee: \$25.00**