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2021 FEB -5 PM 6: 20 SECRETARY OF STATE SECRETARY OF STATE

3/26/21

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Harry J. Honan		
		Name of Person	· ·
	Harry J. Honan, CPA, PLL	.C	
		Firm/Company	
	1051 Singer Drive		
		Address	
	Riviera Beach, FL 33404		
		City/State and Zip Code	
	harry@harryhonancpa.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co	all:	
Harry J. Honan		508 254-0710 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Honan & Youngblood CPA's, PLC

2021 FEB -5 PM 6: 26

(A Florida Limited	d Liability Company)	"SECRETARY OF STATE
he Articles of Organization for this Limited Liability Compar	ny were filed on 08/23/2010	and assigned
lorida document number L10000088119		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Harry J. Honan, CPA, PLLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" 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)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			DbbA
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			□ Change
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			Remove
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		□Remove	
			□Change

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February 2nd 2021	ay after the
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Signature of a member or authorized representative of a member	