## L10000112124

(Re	questor's Name)	<u> </u>
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SFL Tax & /	Accounting Solutions, LLC		
300,DC1.	Name of Limi	ted Liability Company	<del>.</del>
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspon	idence concerning this matter	to the following:	
	Michele Moise		
	SFL Tax & Accounting Sol	Name of Person lutions, LLC	
	2700 N 29th Ave., Ste. 301	Firm/Company A	
	Hollywood, FL 33020	Address	
	mmoise@sflaccounting.com	City/State and Zip Code	
How Comban in Comment on So	E-mail address: (to incerning this matter, please ca	o be used for future annual report notifi	cation)
Michele Moise	ncerning this matter, please ca	305 877-2155	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	S30.00 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

SFL Tax & Accounting Solutions, 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 and assigned Florida document number \_\_\_\_\_\_1.10000112124 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

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>	Type of Action
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e record specifies a delayed effective date, but not an eff	ective time, at 12:01 a.m. on the earli	er o
The 90th day after the record is filed.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00