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COVER LETTER

TO:		ition Secti of Corpo							
SUBJE		Goldstein Accounting & Tax Services. LLC							
SUBJE	CI:		Name of Lim	ited Liability Company					
The enc	losed Arti	icles of An	nendment and fee(s) are sub	mitted for filing.					
Please re	eturn all c	orrespond	ence concerning this matter	to the following:					
t			Bonnie Goldstein						
				Name of Person		-			
>			Goldstein Accounting & T	ax Services, LLC					
				Firm/Company	• • •				
			5455 N Highway 1 Ste 1						
			Address						
			Cocoa, FL 32927						
				City/State and Zip Code					
		-	bonnie@goldsteinaccountin	gtax.com to be used for future annual re	more notification)				
For furth	her inforn	nation cond	cerning this matter, please ca		eșort notmeation)				
Bonnie	Goldsteir	1		321 305- at ()	-6920				
		Name of Pe	erson	Area Code	Daytime Telephone	Number			
Enclosed	d is a che	ck for the f	ollowing amount:						
■ \$25	.00 Filing	; Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo	osed) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goldstein Accounting & Tax Services, LLC

1417 - 1 117:05

(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 $\frac{01/07/2011}{}$ _____ and assigned Florida document number _____L11000002759 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 "LLC." 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

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.

City

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Steven Seder	6815 Bryant Rd	\ \ \ _Add
		Cocoa, FL 32927	■Remove
			☐ Change
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ective date, if other than the date of effective date is listed, the date must be specife. If the date inserted in this block does ument's effective date on the Departmen	filing:
cord specifies a delayed effective date, but tiled.	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 30	. 2020
Pennic Sold	e of a member or authorized representative of a member