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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)		
		· <u>-</u> -		
(Do	ocument Number)			
Certified Copies	_ Certificates o	f Status <u>·</u>		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Registration Section
Division of Corporations

EJ Small Business 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:

	Eric Cortes			
	Name of Person			
	EJ Small Business Accounting LLC			
	Firm/Company			
	5145 Curryford Rd Ste-B			
	Address			
Orlando Fl 32812				
	City/State and Zip Code	750 030	2013 J	
	E-mail address: (to be used for future annual report notification)	463	- EE	1 }
For further information co	ncerning this matter, please call:	338 37.0	ယ —	,
Eric Cortes	at (407) 442-8609	OF ST	の悪	
Name of	Person Area Code & Daytime Telephone Number	200	10	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EJ Small Business 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 Com-	npany were filed on 02/07/2011	and assigned	
Florida document number L11000015908			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LI	.C" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>55)</u>	2013	
	J. G	2张 1	
Enter new mailing address, if applicable:		?≃ မ [
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	\$ 52	
	ميتر	. —	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		e name of the new	
registered agent and of the new registered office address	site.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	aent:		

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
mgrm	Eric Cortes	5145 Curry Ford	Add
		Ste-B	Remove
		Orlando FI 32812	_
mgrm	Juliana Colon	5145 Curryford RD	Add
		Ste-B	✓ Remove
		Orlando FI 32812	_
			Add
		A & C & C & C & C & C & C & C & C & C &	Remove
		SEE. FLORIDA	Add Remove
		·	Add Remove
			Add
			Remove

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

2013 JUN - 3 THE SECRETARY OF STATE