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(Re	questor's Name)	-
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Division of Corpor	rations				
SUBJECT: FLORI	OA INSURAI Name of Lin	いこと CONSULTING ited Liability Company	s, uc.		
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	OSWALO	F. LoPE 2 Name of Person			
	FLORIDA INS	SURANCE CONSULTIN	c. uc.		
		Firm/Company			
	415 E. MAIN	/ 5T. STE. 101 Address	<u> </u>	三	
	BARTOW, F	<u>し、 33830</u> City/State and Zip Code		OCT -7 MH 12: OH TRETARY OF STATE LAHASSEE, FLGRIDA	T
	07/000-	Chyrstate and zip code			
_	E-mail address: (to ho fmail. Com to be used for future annual report notifi	cation)	2 S S S S S S S S S S S S S S S S S S S	<u></u>
For further information cone	erning this matter, please co	all:			
OSWALO F. Name of Pe	Lofe 2	at (<u>863</u>) <u>670</u> - Area Code Daytime	1780 Telephone Number		
Enclosed is a check for the fo	ollowing amount:				
\$25.00 Filing Fee f	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified	c of Status &	
Registratio Division o P.O. Box 6	f Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n utions nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number Liloco 142567	ompany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
A & B ACCOUNTING & 7 The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	415 E. MAIN STREET
(Principal office address MUST BE A STREET ADDRE	BARTON, FL. 33830 1101 JORDAN ROAD TO LAKELAND, FL. 33811
Enter new mailing address, if applicable:	1101 JORDAN ROAD ST
(Mailing address MAY BE A POST OFFICE BOX)	LAKELAND, FL. 33811
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enter the name of the new
Name of New Registered Agent:	SWALD F. LOPEZ
New Registered Office Address: 4/13	Enter Florida street address
(DALL) SUITE (GALLES)	Enter Florida street address ARTOW, Florida 33830 City Zip Code
	eap Conc

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DSWALD F. LOPEZ	415 E. MAIN ST.	D Add
	NEW	SuitE 101	□ Remove
		BARTOW, FL. 33830	Change Change
AMBR DZ LOPEZ CONSULTIN & TAX SERVICES	OZ LOPEZ CONSULTING	415 E. MAIN ST.	□ Add
	& TAX SERVICES	5rE. 216	☐ Remove
		BARTON, FL. 33830	☐ Change
			□ Remove
			Change
			<u></u> चित्रसम्बद्धाः
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	r of:
,		
	OCTOBER 5th 2015.	
Dated	<u> </u>	
Dated	OCTOBER 5th 2015	
Dated	<u>OC10872</u>	
Dated	Signature of a member or authorized representative of a member 05 WALO F. LOPE Z	

Page 3 of 3

Filing Fee: \$25.00

A & B ACCOUNTING & TAX LLC OSWALD F LOPEZ SOLE MBR 1101 JORDAN RD LAKELAND, FL 33811 Date of this notice: 10-05-2015

Employer Identification Number: 47-5227803

Form: SS-4

Number of this notice: FCP \$75 G

For assistance you may call us 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NORTHE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-5227803. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is A&BA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.