

L12000065312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

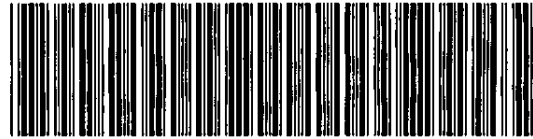
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100254755661

12/18/13--01014--006 **25.00

FILED
14 MAR 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2014

10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Florida CPA 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:

Vijaiantie Jadnauth

Name of Person

Central Florida CPA, LLC

Firm/Company

1318 S Semoran Blvd.

Address

Orlando, FL 32807

City/State and Zip Code

centralflcpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vijaiantie Jadnauth

Name of Person

at **407 271-8420**

Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2013

VIJANTIE JADNAUTH
1318 S SEMORAN BLVD
ORLANDO, FL 32807

SUBJECT: CENTRAL FLORIDA CPA, LLC
Ref. Number: L12000065312

We have received your document for CENTRAL FLORIDA CPA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 013A00028932

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Central Florida CPA, 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 05/14/2012 and assigned Florida document number L12000065312.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Precise Accounting & Tax Services, PLLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Vijaiantie Jadnauth

(Principal office address MUST BE A STREET ADDRESS)

3936 S Semoran Blvd, Suite 289

Orland, FL 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
14 MAR 24 PM 3:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Vijaiantie Jadnauth

New Registered Office Address:

3936 S Semoran Blvd, Suite 289

Enter Florida street address

Orlando


City

Florida 32822

Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gyaneshwar Jadnauth	3936 S Semoran Blvd, Suite 289	<input type="checkbox"/> Add
		Orlando, FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 14 MAR 2014 PM 3:37
 FILED

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

Accounting Services, Bookkeeping Services, Tax Services

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/31, 2014.



Signature of a member or authorized representative of a member

Vijaiantie Jadnauth

Typed or printed name of signee

FILED
14 MAR 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA