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J. HARRIS

COVER LETTER

	Registration Sec Division of Corp			
CUD IEC		NG & TAX SERVICE ASSO		
SUBJEC	-I:	Name of Limi	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspon	dence concerning this matter t	to the following:	
		JAISON C CHERIAN		
			Name of Person	
		ACCOUNTING & TAX S	ERVICE ASSOCIATES, LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2423 SW 147TH AVE # 3	75	
			Address	
		MIAMI, FL 33185		
		JAISON@ATSAFL.COM	City/State and Zip Code	
;		E-mail address: (t	to be used for future annual report notifica	ation)
For furth	er information co	ncerning this matter, please ca	all:	
JAISON	C CHERIAN		305 554-0100 at ()	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed	l is a check for the	e following amount:		
□ \$2 5.	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 OF

ACCOUNTING & TAX SERVICE ASSOCIATES, I		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on JANUARY 15, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22
Enter new mailing address, if applicable:	2423 SW 147TH AVE # 375	CRETARY
Mailing address MAY BE A POST OFFICE BOX	MIAMI, FL 33185	me a m
		52 9 C
		중 중 중 5
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the nev
egistered agent and/or the new registered office address her	<u>G</u> ;	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	7in 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 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
MGR	DALIYA J CHERIAN	15410 SW 27TH TER	Add
		MIAMI, FL 33185	F Remove
			Change
AMBR	JAISON C CHERIAN	2423 SW 147TH AVE # 375	Add
		MIAMI FL 33185	_□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
		-	SSEE FLORIDA Add
			→ Add
			Remove
			☐ Change

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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days after lock does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.0207
ne record specifies a delaye The 90th day after the rec	d effective date, but not an effective time, at 12:01 a cord is filed.	.m. on the earlier of
Dated	, 11:59pm	ŽIVI. I SEC TALL
la : e	ou e charian	HAY AHA
Just	Signature of a member or authorized representative of a member	
. JAISON CHERIAN		E P
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00