L13000072396

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COVER LETTER

TO:	Registration Section Division of Corporations						
er: 0 11.		& Co., LLC					
SUBJE	Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Michael De Lucia					
			Name of Person				
		DeLucia CPA LLC					
			Firm/Company				
		PO Box 55361					
			Address				
		St. Petersburg, FL 33732					
City/State and Zip Code admin@deluciaco.com							
			to be used for future annual report notified	ation)			
For furt	her information o	concerning this matter, please c	all:				
Michae	1 DeLucia		813 252-0829 at ()				
	Name o	of Person	Area Code Daytime T	elephone Number			
Enclose	d is a check for t	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 Addre Registration		<u>Street Address:</u> Registration Secti	On			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

De Lucia & Co., 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 05/17/2013 and assigned Florida document number L13000072396 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DeLucia CPA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC." or the abbreviation "L.L.C." 701 77th Ave N. Enter new principal offices address, if applicable: #55361 (Principal office address MUST BE A STREET ADDRESS) St. Petersburg, FL 33702 PO Box 55361 Enter new mailing address, if applicable: 0 (Mailing address MAY BE A POST OFFICE BOX) St. Petersburg, FL 33732 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 City

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
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			□Remove
			□Change

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			<u>-</u>		
Effective date, if oth	her than the date of filin	g:d cannot be prior to date	of tiling or more than 90 c	_ (optional) lays after filing.) Pursuant to	o 605.0207
	rted in this block does not a date on the Department of S		tatutory filing requirement	ents, this date will not be	e listed as
	es a delayed effective of ter the record is filed.		effective time, at 1	2:01 a.m. on the e	arlier of
Dated					
	elele-	$\supset \mathcal{O}$.			_
	Signature of a	member or authorized	representative of a membe	r	

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Filing Fee: \$25.00