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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT.	Alex Simons Accounting	& Tax Solutions LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alejandra Lopez		
		Name of Person	
		Firm/Company	
	7221 June Bug Lane		
		Address	
	Orlando, FL 32818		- -
		City/State and Zip Code	
	alejandra@alexsimonsact.co	om to be used for future annual report notif	
For further information of	oncerning this matter, please c		ication)
	oncerning this matter, please c		
Alejandra Lopez		407 401-3936 at ()	- United States
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerea.	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alex Simons Accounting & Tax Solution			
(<u>Name of the Limited Lia</u> (A Fig	bility Company as it now appears orida Limited Liability Company)	on our records.)	
	y Company were filed on	11/01/2013	and assigned
Florida document numberL13000154124	···················		
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
AES Accounting & Consulting LLC			
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	signation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			3 78
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>
			\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
			2 19
Enter new mailing address, if applicable:			ار از
(Mailing address MAY BE A POST OFFICE BOX)			- 3 - 5 r
B. If amending the registered agent and/or re	egistered office address on	our records, enter	the name of the new
registered agent and/or the new registered office a	ddress here:		
Name of Name Designated Assets			
Name of New Registered Agent:			,
New Registered Office Address:			
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on		
<u> </u>		, Florida	
	Ciţy		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 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 **Title** Name **Address Type of Action** _□ Add ☐ Remove ☐ Change ☐ Add _□ Remove _□ Change _□ Remotye ☐ Changé _□ Add □ Remove ☐ Change _ 🗆 Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change

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an effecti ote: If	e date, if other than the date of filing:	
The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er c
ated	February 17, 2016 ff	
	Signature of a member or authorized representative of a member Mejawara Lopez	

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Filing Fee: \$25.00