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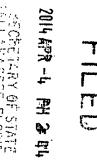
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2014

ALEJANDRO REYES 18135 NW 61 AVE. HIALEAH, FL 33015

SUBJECT: ACCOUNTING & ANALITYCS SERVICES, LLC

Ref. Number: L14000032214



We have received your document for ACCOUNTING & ANALITYCS SERVICES, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Agnes Lunt Regulatory Specialist II

Letter Number: 614A00005648

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accounting & Analitycs Services, 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:

Alejandro Reyes

Name of Person

Accounting & Analitycs Services, LLC

Firm/Company

18135 NW 61 Ave.

Addres

Hialeah, FL 33015

City/State and Zip Code

alejandro.reyesg@gmail.com

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

For further information concerning this matter, please call:

Alejandro Reyes

_{..}786、274-0153

Name of Person.

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

COVER LETTER

TO: Registration Section
Division of Corporations

Accounting and Analitycs Services, LLC

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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 and Analitycs Services, 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 02/25/2014 and assigned Florida document number L14000032214 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Accounting and Analytics Services, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florida 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title **Name** Address **Type of Action** Joseph T. Duarte 14966 SW 9th Way 'MEMB ■ Add Miami, FL 33194 □ Remove □ Add ☐ Remove ☐ Remove □ Add ☐ Remove □ Add _□ Remove

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the date this document is filed by the Florida Departmonton March 19th Mullim do	date of receipt or filed date and cannot be more than 90 days after ent of State)

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Filing Fee: \$25.00

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