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COVER LETTER

TO:	Registration Se Division of Cor	ction 5 porations		*
cup ir	· CT.	TATO & AS	SOCIATES, LLC	
SUBJE	sc1:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			GUSTAVO OLIVERA	
			Name of Person	
			TATO'S & ASSOCIATES, LLC	
			Firm/Company	
			2634 CLARINET DRIVE	
			Address	
			ORLANDO, FL 32837	
			City/State and Zip Code	
			DSORIOSTAXES@GMAIL.COM	
		E-mail address: (1	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
	GUSTAVO OL	IVERA	407 601-4906	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	ne 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

	TO & ASSOCIAT			
(Name of the Lim	ited Liability Compa (A Florida Limited	i <mark>ny as it now appea</mark> Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document number L14000153266	Liability Company	were filed on	OCTOBER 01, 201	4 and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company h	<u>ere</u> :	
	OS & ASSOCIATE	•		
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o		n our records, <u>ent</u>	er the name of the n
Name of New Registered Agent:	N/A	_		SECRE TALL AH
New Registered Office Address:		Enter Flo	orida street address , Florida	SO AH
New Registered Agent's Signature, if changing	Registered Agent	City [,]	7	OZip Gude
I hereby accept the appointment as register provisions of all statutes relative to the pro				

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 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

در

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ŁEO ORTIZ	2634 CLARINET DRIVE	∃ Add
		ORLANDO, FL 32837	☐ Remove
			☐ Change
			Remove
			☐ Change
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Filing Fee: \$25.00