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S. YOUNG

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Ruggiero CPA, LLC name change from Ruggiero + Company CPA's, 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:
Stephen M. Ryggiero Name of Person
Ruggiero CPA, LLC Firm/Company
481 E. Hills boro Blvd. Suite 100A
Deorfield Beach, FLORIDA 3344) City/State and Zip Code hatteras 77 @ hotmail. com
hatteras 7) Photmail. com
For further information concerning this matter, please call: Stephen M. Ruggiero at (840) 978-7403
Stephen m. Ruggiero at (840) 978-7403
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ruggiero + Company CPA's, LLC (Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) by Company)	
The Articles of Organization for this Limited Liability Company were	filed on November 17, &	26/Y and assigned
Torida document number Unknown not proceeded		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability of	company here:	
Ruggiero CPA, LLC		
e new name must be distinguishable and end with the words "Limited Liability C	ompany," the designation "LLC" or t	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		一緒 万 厉
ter new mailing address, if applicable:	n/q	
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office	- dd	; "
gistered agent and/or the new registered office address here:	aduress on our records, em	ier the name of the n
 		
Name of New Registered Agent:	7/9	
New Registered Office Address:	·	
	Enter Florida street address	
·	, Florida	
	Litv	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 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>:

anager athorized Member	nla	
<u>Name</u>	Address	Type of Action
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	uthorized Member	othorized Member 7/9

If	amending any other information, enter change(s) here: (Attach additional sheets, if	(necessary.)
		 -
(Th	ffective date, if other than the date of filing: (ene effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 the date this document is filed by the Florida Department of State)	optional) days after
n	pated Decomber / 2014.	
U	Sun	
	Signature of a mimber or authorized representative of a member	
	Stephen M. Ruggiero	
	Signature of a member or authorized representative of a member Stephen M - Ruggiero Evned or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00