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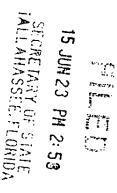
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JUN 2 4 2015 J SHIVERS

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
SUBJECT:		and Accounting Services, LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
· :		Abhishek R. Gandhi, CPA		
			Name of Person	
		- 18 18 19-11	Firm/Company	
:		1954 Elkhorn Ct		
			Address	
	: {	Longwood, FL 32750		
$\Gamma(\cdot)$			City/State and Zip Code	
17]e		agandhicpa@gmail.com	15.5.	in the second of the second o
			to be used for future annual report no	titication)
For further in	nformation c	oncerning this matter, please ca	all:	
Abhishek R.	Gandhi, CP	A	813 326-8998 at ()	
	Name o	f Person	Area Code Daytii	nc Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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)
Ŧ.				
श जे	MAII.	ING ADDRESS:	STREET/COUR	RIER ADDRESS:
fai	Registr	ation Section	Registration Sect	ion
		on of Corporations ox 6327	Division of Corpo Clifton Building	
, 1 .	Tailaha	assee, FL 32314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gandhi Tax and Accounting Services, LLC					
(<u>Name of the Limited Liab</u> (A Flori	<u>ility Company a</u> ida Limited Liab:	s it now appears on our re- lity Company)	<u>cords.</u>)		
ne Articles of Organization for this Limited Liability orida document number $\frac{L14000188240}{L14000188240}$	Company we	re filed on 12/09/2014		and as:	signed
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the lin	mited liability	company here:			
ccuTax CPA, LLC					
ne new name must be distinguishable and contain the words "Li	imited Liability (Company," the designation "	'LLC'' or the abl	breviation "L	L.C."
nter new principal offices address, if applicable:	6	80 Weybridge Ct			
Principal office address MUST BE A STREET ADD	DRESS)	ake Mary, FL 32746			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	_				
s. If amending the registered agent and/or reg egistered agent and/or the new registered office ad	gistered office Idress here:	e address on our rec	ords, enter	SHORE TAI	of the
Name of New Registered Agent:			35.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Printer.
New Registered Office Address.	Weybridge Ct	Enter Florida street ac		R R	l'E
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Lake	e Mary	Emer r tortuu sireet ut	ddress S	746 CO	and the r

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Vipul Gandhi	695 East Nerge Road	Add
		Roselle, IL 60172	Remove
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AND			Add
N.			☐ Remove
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Page 3 of 3

Filing Fee: \$25.00