L15000000434

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MARRIS J. HARRIS

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	gistration Sevision of Cor			
SUBJECT:		eigen CPA LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Robert C. Zeigen		
			Name of Person	
		Zeigen CPA LLC		
			Firm/Company	
		5301 N Federal Highway,	Ste 120	
			Address	
		Boca Raton, FL 33487		
			City/State and Zip Code	
		rzeigen@zeigenepa.com		
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	all:	
Robert C Z	eigen		561 392-0620 at ()	
	Name o	f Person	Area Code Daytime	e 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)	☐ S60.00 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

Robert C. Zeigen CPA LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our recording Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liab Florida document number L15000000434	ility Company were filed on 1/2/2015	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Zeigen CPA LLC		9. .
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LL	C" or the Threviation "L.L.C."
Enter new principal offices address, if applicab	le:	3 3 3 T
(Principal office address MUST BE A STREET.	ADDRESS)	50
		SE S
		7 3 III
Enter new mailing address, if applicable:		SIA S
••	aw.	On the
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ls, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	2SS
	, F	lorida
	City	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
***************************************			□ Add
			Remove
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Effective date, if other than	the date of fil	ing: 3/21/2018		(0]	ptional)	
If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific is block does no	and cannot be prior of meet the applic	to date of filing o able statutory fi	r more than 90 days a ling requirements,	fler filing.) Pursuant to this date will not be	605.0207 listed as
he record specifies a dela The 90th day after the	yed effective record is file	e date, but no d.	t an effectiv	e time, at 12:0		rlier of
Dated March 21	1 /1 /1	2018	<u></u> .		HAR 22 RETARN AHASSI	Constitution of the Consti
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Typed or printed name of signee

Filing Fee: \$25.00