## L15 000 021 988

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (************************************** |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



05,705,705--01006--019 \*•25.00

7(9/2

## **COVER LETTER**

Registration Section

| porations                                    |  |  |
|--|--|--|
| A M. DURTA, CPA, LLC                         |  |  |
| Name of Lim                                  | ited Liability Company   |  |
| Amendment and fee(s) are sub                 | mitted for filing.   |  |
| ndence concerning this matter                | to the following:  |  |
| CUDICTINA M EDV                              |  |  |
| CHRISTINA M. FRT                             |  | <del></del>  |
|  | Name of Person   |  |
| CHRISTINA M. FRY, CP                         | A. LLC   |  |
|  | Firm/Company   | <del></del>  |
| 2321 E 3RD ST                                |  |  |
| -  | Address  |  |
| PANAMA CITY, FL 3240                         | )1   |  |
|  | City/State and Zip Code  |  |
| tinafry20@gmail.com                          |  |  |
| E-mail address: (                            | to be used for future annual report not  | ification)   |
| oncerning this matter, please ca             | all:   |  |
|  | 850 340-0581   |  |
| Person                                       | Area Code Daytin   | ne Telephone Number  |
| ne following amount:                         |  |  |
| □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed)   |
| <u>s:</u><br>Section                         | Street Address:<br>Registration Se   |  |
| Division of Corporations<br>P.O. Box 6327    |  |  |
|  |  | e Street, Suite 810  |
|  | Name of Lim  Amendment and fee(s) are sub indence concerning this matter  CHRISTINA M. FRY  CHRISTINA M. FRY, CP  2321 E 3RD ST  PANAMA CITY, FL 3240  tinafry20@gmail.com  E-mail address: ( oncerning this matter, please concerning this matter)  Person  c following amount:  Signature Status  Signature Signature Status  Signature Signat | Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  CHRISTINA M. FRY  Name of Person  CHRISTINA M. FRY, CPA, LLC  Firm/Company  2321 E 3RD ST  Address  PANAMA CITY, FL 32401  City/State and Zip Code  tinatry20@gmail.com  E-mail address: (to be used for future annual report not oncerning this matter, please call:  Person  at (Area Code)  Daytin  Teleson  Teleson  Street Address:  Registration Section  Origorations  Teleson  Street Address:  Registration Section  Origorations  The Centre of The Cent |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTINA M. DURTA, CPA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A riorio   | a Limited Liability Company)                           |                       |
|---|--|-----------------------|
| The Articles of Organization for this Limited Liability C<br>Florida document number 1.15000021988        | Company were filed on FEBRUARY 4, 2015                 | and assigned          |
| This amendment is submitted to amend the following:   |  |                       |
| A. If amending name, enter the new name of the lim  | nited liability company here:                          |                       |
| CHRISTINA M. FRY, CPA, LLC  |  |                       |
| The new name must be distinguishable and contain the words "Lin   | nited 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 ADDI   | RESS)  |                       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                      |  |                       |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the na</u>  | ime of the new regis  |
| Name of New Registered Agent:   |  |                       |
| New Registered Office Address:  | Enter Florida street address                           |                       |
|   | 12/10 / 18/1904 SIVECT MAIN COS                        |                       |
|   |  |                       |
|   | , Florida  | Ziv 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address     | Type of Action |
|--------------|-------------|-------------|----------------|
|              |             |             | □Add           |
|              |             |             | Remove         |
|              |             |             | □Change        |
|              |             |             | ⊡Add           |
|              |             |             | □Remove        |
|              |             |             |                |
|              |             |             |                |
|              |             |             | Remove         |
|              |             |             | □Change        |
|              |             |             | □Add           |
|              |             |             | Remove         |
|              |             |             | □Change        |
|              |             |             | □Add           |
|              |             |             | Remove         |
|              |             |             | □Change        |
|              |             | <del></del> | □Add           |
|              |             |             | □Remove        |
|              |             |             | Change         |

|   |                   |                | ···                                     |   |  |                           |
|---|-------------------|----------------|---|---|--|---------------------------|
|   |                   |                |   | _   |  |                           |
|   |                   |                |   |   |  |                           |
|   |                   |                |   |   |  |                           |
| <del></del>   |                   | <u> </u>       |   |   |  |                           |
|   |                   |                |   |   |  |                           |
|   |                   |                |   |   |  |                           |
|   |                   |                |   |   |  |                           |
|   |                   | <del>_</del>   |   |   |  | <del></del>               |
| <del></del> ,   |                   |                |   |   |  |                           |
|   |                   |                |   |   |  |                           |
|   |                   |                |   | ·   |  |                           |
|   |                   | <del></del>    | <del></del>                             |   |  |                           |
|   |                   |                |   |   |  |                           |
|   |                   |                |   |   |  |                           |
|   |                   | <u> </u>       |   |   |  |                           |
|   | - <del></del>     |                | <del>-</del> ·                          |   | <u> </u>   |                           |
|   |                   |                |   |   |  |                           |
|   |                   |                |   | • •   |  | <del></del>               |
| fective date, if other than the d<br>in effective date is listed, the date must b<br>ote: If the date inserted in this bloc<br>cument's effective date on the Dep | k does not meet t | the applicable | ate of filing or mo<br>statutory filing | copt<br>re than 90 days aft<br>requirements, th | ional)<br>er filing.) Pursuant t<br>is date will not b | o 605.0207<br>e listed as |
| ecord specifies a delayed effective is filed.   |                   |                |   |   |  | after the                 |
| APRIL 26  | 20                | )25            |   |   |  |                           |
| Leuster In .  |                   | ·              |   |   |  |                           |
| (Suestin m.   | Tres              |                |   |   |  |                           |

Filing Fee: \$25.00