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TO: Registration Section Division of Corporations

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JAKUSOVAS & Company, P.L. Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAER JAKUSOVAS
Name of Person
JAKUSOVAS & COMPANY P.L.
Firm/Company
2801 FRUITVILLE RD, SUITE 145 Address
SARASOTA, FL 34237
City/State and Zip Code
MICHAEL @ MFJCPA. Com
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL JAKUSOVAS at (<u>941</u>) <u>302 - 8030</u> Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Taflahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ТО ARTICLES OF ORGANIZATION OF

JAKU SOVAS & COMPANY, P.L. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ______8/17/2015_____ and assigned

Florida document number <u>L / 5000/40065</u>.

This amendment is submitted to amend the following:

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A. If amending name, enter the new name of the limited liability company here:

CPA SERVICES OF FLORIDA, LLC The new name must be distinguishable and contain the words "Limited Lubitity Company," the designation "LLC" or the abbreviation "LLC."

The new many many commentation of the commenta	company: the designation lefter of the aboreviation left.e.
Enter new principal offices address, if applicable:	52020
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
-		Florida
	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 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

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<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ 03/01/2020 Effective date, if other than the date of filing: 03/01/2026 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	MARCH 4 2020
	Archael 7. Jahann penature of a member or authorized representative of a member
-	signature of a member or authorized representative of a member
-	MICHAEL F JAKUSOVAS

Typed or printed name of signee

Filing Fee: \$25.00