L15000173382

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COVER LETTER

	Registration Se Division of Cor		•	,	
SHD IE		OUNTING AND TAX II, LLC			
SUBJEC	1	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		LOU FUOCO			
			Name of Person		
		THE FUOCO GROUP HO	OLDINGS, LLC		
			Firm/Company		
	772 US HIGHWAY ONE, SUITE 200				
			Address		
	NORTH PALM BEACH, FL 33408				
			City/State and Zip Code		
		LFUOCO@FUOCO.COM	to be used for future annual report no	utification)	
For furthe	er information o	concerning this matter, please c	·		
LOU FU	осо		561 626-0400		
-	Name o	of Person		me Telephone Number	
Enclosed	is a check for t	he following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Fiting 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)	
	Mailing Addres Registration		Street Address: Registration S	ection	
I	Division of C	Corporations	Division of Co	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TFG ACCOUNTING AND TAX II. LLC (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 $\frac{10/12/2015}{10/12}$ __ and assigned Florida document number L15000173382 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address

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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGMR	LOU FUOCO	772 US HIGHWAY ONE, STE 200	□Add
		NORTH PALM BEACH, FL 33408	■Remove
			□Change
MGMR THE FUOCO GROUP HOLDING	THE FUOCO GROUP HOLDING!	772 US HIGHWAY ONE, STE 200	= Add
		NORTH PALM BEACH, FL 33408	□Remove
			□Change
			□Add
			□Remove
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			☐ Change
		 	□Add
			□Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(If an effect Note: If	date, if other than the date of filing: Optional
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated A	PRIL 1 2020
	Non Lucas
	Signature of a member or authorized representative of a member
	LOU FUOCO, CEO
	Typed or printed name of signee

Filing Fee: \$25.00