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COVER LETTER

	sion of Cor			
SUBJECT:	Miami CP	A Group, PLLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Omar A. Valenzuela		
			Name of Person	
		Miami CPA Group, PLLC		
			Firm/Company	
		1421 S.W. 107th Avenue,	#196	
			Address	 _
		Miami, FL 33174		
			City/State and Zip Code	
		omarv@miamicpagroup.co		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please ca	all:	
Omar A. Vale			305 428-2619 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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)

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

Miami CPA Group, PLLC		- ,
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company were filed on	January 5, 2016	_ and assigned
lorida document numberL16000003617		
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liability company he</u>	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2
	F (:	
	20 (\$\frac{1}{2} \)	MER SEE
Enter new mailing address, if applicable:	500	28
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
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3. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter th	ne name of the
Name of New Registered Agent:		
New Registered Office Address:		, , , , , , , , , , , , , , , , , , ,
Enter Flor	rida street address	
	, 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Martha A. Valenzuela	1421 S.W. 107th Avenue, #196, Miami, FL 33174	≅ Add
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			□ Change
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			Change

Effective date, if other than the date of filing: 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 60 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 1/26/2016 Cimal Nalumala Signature of a member or authorized representative of a member 20 to 20										_
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