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2019 JUL -3 PM 4: 41

C. GOLDEN

JUL 1 6 2019

COVER LETTER

TO:	Registration Se Division of Cor				
aup.		ADVISORS, LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company		
The ci	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		MUKTA ABICHANDAN	II		
			Name of Person		
YOUR TAX ADVISOR LLC					
			Firm/Company	···	
		3156 HASSI POINT		ip Code e annual report notification) 960 9951 ode Daytime Telephone Number ing Fee & S60.00 Filing Fee, Copy Certificate of Status &	
		73 .	Address		
		LONGWOOD, FL 32779			
		Abicepa@Gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For fu	rther information e	oncerning this matter, please co	all:		
MUK	TA ABICHANDA	NI			
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
≘ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

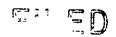
MAILING ADDRESS:

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



INTERIM ADVISORS, LLC

2019 JUL - 3 PM 4: 4

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

(A Fronta Emitted	глаонну Сошран	y)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000023134}{L16000023134}$.	were filed on	02/02/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," th	ne 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 of registered agent and/or the new registered office address here	ffice address e:	on our records,	enter the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter I	lorida street address	
		, Flor	ida
			Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in thi	is capacity. I furth	her agree to comply with th

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YOUR TAX ADVISOR LLC	3156 HASSI POINT	
		LONGWOOD, FL 32779	■ Remove
			Change
MGR	MUKTA ABICHANDANI	3156 HASSI POINT	Add
		LONGWOOD, FL 32779	□ Remove
			Change
			Remove
			Change
			☐ Add
			Remove
			Change
			Add
			Remove
			□ Remove
			☐ Change

	•
E. Effec	tive date, if other than the date of filing: (optional)
(If an e Note	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	nent's effective date on the Department of State's records.
lf the re 'b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	1 2 2
Date	$\frac{6}{28}$
	f/Mschawoly)
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00