L16000100429

(Red	questor's Name)	
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(City	//State/Zip/Phon	e#)
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SECRETARY OF STATE

K.SALY EXAMINER IIIN 27

COVER LETTER

TO:	Registration Sec Division of Corp		,							
SUBJI	ALPINA TA	AX SERVICES, LLC								
SUBJI	ECT:	Name of Lim	ited Liability Company							
		Amendment and fee(s) are sub-	-	•						
Please	return all correspoi	ndence concerning this matter	to the following:							
		VIVIENNE K. SCHLEU,	СРА							
			Name of Person							
ALPINA TAX SERVICES, LLC										
Firm/Company										
1179 SW 21ST STREET Address BOCA RATON, FL 33486										
								VSCIILEU@BELLSOUTI	City/State and Zip Code	
								_	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	·						
VIVIE	ENNE K. SCHLEU	, CPA	561 843-6004							
	Name of	Person	at () Area Code Daytime	Telephone Number						
Enclos	ed is a check for th	e following amount:								
\$2	5.00 Filing 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

FILED
2016 JUN 24 PM 1:00

TALLAHASSEE, FLORIDA

ALPINA TAX SERVICES, LLC

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

(A Florida Limited Liability Company)

Florida document number L16000100429	my Company were med on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Alpina CPA's Tax and Accounting Services, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:		
	Enter Florida street ad	dress
New Registered Office Address:	City	dress , Florida Zip Code
	City	

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>	<u>Address</u>	Type of Action		
			☐ Add		
			□ Remove		
			Change		
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te: If the date inserted in the	is block does	not meet the a	applicable stati	utory filing requ	irements, this	date will not	be listed as t
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record specifies a dela	aved effect	ive date hi	it not an efi	fective time	at 12·01 a	m on the	earlier of
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lune 23		2016					
ted June 23			·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00