

L16000172894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

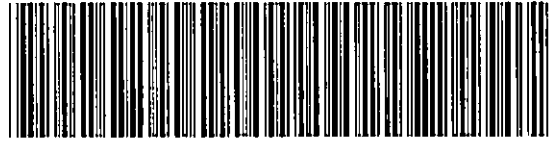
(Business Entity Name)

(Document Number)

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Amend  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Katigbak Benefit Accounting & Resource Management LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Berna Cuevas

Name of Person

Katigbak Benefit Accounting & Resource Management LLC

Firm/Company

340 S. LEMON AVE. #6689

Address

Walnut, CA 91789

City/State and Zip Code

ten4t-kbar1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Berna Cuevas

917 740 1360  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Katigbak Benefit Accounting &  
Resource Management LLC**

Katigbak Benefit Accounting & Resource Management LLC  
340 S Lemon Ave, #6689  
Walnut CA 91789

July 30, 2020

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Officer,

Greetings. Our firm, Katigbak Benefit Accounting & Resource Management LLC, is a licensed CPA firm in Florida. We want to formally convert our firm type to PLLC for business purposes. According to the instructions we obtained from the Florida Department of State Division of Corporations ([corphelp@dos.myflorida.com](mailto:corphelp@dos.myflorida.com)), the agent said what we need to do is to complete and mail out the Article of Amendment form together with the \$25 filing fee.

Enclosed you will find the Article of Amendment form, and \$25 filing fee. If you have any questions, please contact me at 917-740-1360. Thank you in advance for your attention.

Regards,



Berna Cuevas

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Katigbak Benefit Accounting & Resource Management 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 09/15/2016 and assigned Florida document number L16000172894.

This amendment is submitted to amend the following:

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

Katigbak Benefit Accounting & Resource Management PLLC

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zp Cod

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Effective as of the 5th of October 2016, KATIGBAK BENEFIT ACCOUNTING & RESOURCE

MANAGEMENT LLC has been issued a CERTIFIED PUBLIC ACCOUNTING FIRM LICENSE

by the state of Florida and has been assigned license number AD69600.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 7/30 \_\_\_\_\_, 2020



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Berna Cuevas

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**