

L16000172894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000355842670

12/17/20--01013--024 ++25.00

FILED

2020 DEC 17 PM 6:33

FEB 01 2021

S. YOUNG

**Katigbak Benefit Accounting &  
Resource Management PLLC**

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

December 7, 2020

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

Dear Officer,

Greetings. Our firm, Katigbak Benefit Accounting & Resource Management PLLC, is a licensed CPA firm in Florida. We want to formally convert our firm name to Atlantic Fiduciary Compliance Services 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 [ten4t-kbar1@yahoo.com](mailto:ten4t-kbar1@yahoo.com). Thank you in advance for your attention.

Regards,



Berna Cuevas



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

Katigbak Benefit Accounting & Resource Management PLLC

(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

2016 DEC 17 PM 6:33

This amendment is submitted to amend the following:

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

Atlantic Fiduciary Compliance Services 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)**

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

**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 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>	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

