## 116000192060

(Re	equestor's Name)	
(Ac	ldress)	
-		
	ddress)	
(Ci	ty/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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Anicha Cha

LALBRITTON

## **COVER LETTER**

TO:

-	tration Se ion of Cor	ection rporations		
SUBJECT:	Sma	III-Buiness-CFO LLC		
	· · ·	Name of Lim	ited Liability Company	<u>.</u>
The enclosed a	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Piease return a	ll correspo	ondence concerning this matter	to the following:	
		Michael A. Sch		
			Name of Person	
		Small-Buiness-0	CFO LLC	
		-	Firm/Company	
		15038 Shaw Roa	d	
			Address	
		Tampa, FL 33625		<del></del>
		michael@cmall	City/State and Zip Code	
		<del>-</del>	business-cfo.com  o be used for future annual report no	tification)
or further info	ormation c	oncerning this matter, please ca	II:	
Mich	ael A. So		at ( 813 ) 205-269	1
	Name o	f Person	Area Code Daytii	me Telephone Number
Inclosed is a c	heck for th	ne following amount:		
□ \$25.00 File	ing Fee	▼ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres		Street Address:	action
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



RECEIVED

2021 JUL -9 AM 9:37

STANDA CONTRACTOR

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2021

MICHAEL A. SCHWARTZ 15038 SHAW ROAD TAMPA, FL 33625

SUBJECT: SMALL-BUINESS-CFO LLC

Ref. Number: L16000192060

We have received your document for SMALL-BUINESS-CFO LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 521A00011591

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Small-Buiness-CFO LLC

ARTICLES OF A	MENDMENT
ARTICLES OF OF	RGANIZATION 4
Small-Buiness-CFO LLC	The state of the s
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) shility Company)
The Articles of Organization for this Limited Liability Company w	•
Florida document numberL16000192060	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Small-Business-CFO LLC	
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)	PO Box 271563 Tampa, FL 33688-1563
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Supreme
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
			□Add
			□Remove
			Change
			□Remove
			Change
			bb∧□
			□Remove
			□Change
			D∆dd
			Remove
			☐ Change
		□Add	
		□Remove	
	<del></del>	□Change	
<del></del>	<del></del>		□Add
		<del></del>	□ Remove
			□ Change

***	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	July 3rd 2021  Michael a Schwer L  Signature of a member or authorized representative of a member
	signature of a memori of authorized representative of a member
	Michael A. Schwartz  Typed or printed name of signee

Filing Fee: \$25.00