LI60020526

(Re	equestor's Name)	_ _
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	-	
:	J. HO	
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Office Use Only



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COVER LETTER

TO:		stration Sect sion of Corpo			••
Perzel & I			ard Forensic CPA's, LLC		
SUBJEC	(,I: <u>_</u>		Name of Lim	ited Liability Company	
The encl	losed	Articles of Ai	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn :	all correspond	dence concerning this matter	to the following:	
			Charleen Purdy		
				Name of Person	
			Perzel & Eckard Forensic	CPA's, LLC	
				Firm/Company	
			1822 N. Belcher Rd., Suite	: 100	
			Address		
			Clearwater, FL 33765		
				City/State and Zip Code	
			charleen@perzelcpa.com E-mail address: ()	to be used for future annual report notifier	ntion)
For furth	ner inf	formation con	cerning this matter, please ca	·	,
Charlee	n Puro	dy		727 754-9855	
		Name of P	erson		elephone Number
Enclosed	disa (check for the	following amount:		
■ \$ 25.	.00 Fi	ling 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)
		ing Address: istration Sc	ction	<u>Street Address:</u> Registration Secti	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENTO TO ARTICLES OF ORGANIZATION OF



Perzel & Eckard Forensic CPA's, LLC

company has been notified in writing of this change.

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

Tarkla dagumentba_ L16000205228		
Torida document number L16000205228		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Perzel & Purdy Forensic CPA's, LLC		
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designati	on "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)		
3. If amending the registered agent and/or registered office	address on our records	, enter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
The Registered Office Paddless.	Enter Florida stre	et address
		Florida
	City	, Florida Zip Code
	t:	
New Registered Agent's Signature, if changing Registered Agent		
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent and ag		ty. I further agree to comply with th

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
			□Add
			□Remove
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		-	\ \ \ _Add
			□Remove
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			□Remove
			□Change
			□Add
			□Remove
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. Hame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: [1/1/2023 (optional)] ctive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record cord is fil	I 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 ed.
Dated _.	Signature of a member or authorized representative of a member
	Charleen Eckard
	Typed or printed name of signee

Filing Fee: \$25.00