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Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations		
	Chris Hern	andez CPA LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Chris Hernandez		
		Name of Person	
		Firm/Company	
		Address	
	18137 NW 89 Place		
		City/State and Zip Code	
	Hialcah, FL 33018	to be used for future annual report not	ification)
For further information co	oncerning this matter, please of		,
Chris Hernandez		305 846-8610	
Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	te following amount:		
□ \$25.00 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632	7	The Centre of	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number This amendment is submitted to amend the following:	nd assigned
Florida document numberL16000214292 This amendment is submitted to amend the following:	nd assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
Chris Hernandez CPA PLLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	ion "L.L.C."
Enter new principal offices address, if applicable:	~
Principal office address MUST BE A STREET ADDRESS)	921
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	5
975 N/A	:5n
Enter new mailing address, if applicable:	110247
THAILING MANTESS WAT BE A LOST OF FILE BOND	NO NE
	<u> </u>

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>	Name	Address	Type of Action
	N/A	N/A	🗀 Add
			🗆 Remove
			□Change
			□Remove
			Change
			CR DAdd
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			Change
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			□Remove
			□Change
			[] Add
			□Remove
			Change
			🗀 Add
			□Remove
			Change

Adding: Article VI					
The purpose for which this	s professional limited liabil	ity company is organ	ized is:		
To provide accounting and	d income tax services to th	e public.			
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ective date, if other than t	he date of filing:	·	(optio	nal)	(25
effective date is listed, the date re: If the date inserted in this	block does not meet the ap	plicable statutory filit	nore than 90 days after t ng requirements, this	iling.) Puri date will	not be liste
ument's effective date on the	Department of State's reco	ords.			
cord specifies a delayed effects filed.	tive date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 901	th day after
cd 10/7	, 202				

Filing Fee: \$25.00