## 117/0000000 5/0

(		
(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





000321593940

12/13/16--01013--003 ++30.00

D. SCOTT DEC 21 2018

## **COVER LETTER**

	tration Section of Corp			
C SÛBJECT:	MH ACC	OUNTING AND TAX, LLC		
(	•	Name of Limi	ited Liability Company	
The enclosed /	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspoi	ndence concerning this matter	to the following:	
		CHRISTOPHER M. HUTCH	HINS	
		CHRISTOPHER M. HUTCH	Name of Person HINS CPA, LLC	
		8520 SW 86TH COURT	Firm/Company	
		MIAMI, FL 33143	Address	
		hutchinschristop@bellsouth.		cation) ASS
For further info	ormation co	E-mail address: (i	to be used for future annual report notifiall:	cation)
CHRISTOPH	IER M HU	TCHINS	305 282-8163	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a c	theck for th	e following amount:		
□ \$25.00 Fil	ing 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:	STREET/COURIE Registration Section	

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

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMH Accounting	M. CORL TOX, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	)			
The Articles of Organization for this Limited Liability Company Florida document number L17000000510	were filed on 12/30/2016	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
CHRISTOPHER M. HUTCHINS CPA, LLC					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	8520 SW 86TH COURT				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33143				
Enter new mailing address, if applicable:	SAME				
(Mailing address MAY BE A POST OFFICE BOX)					
		201			
B. If amending the registered agent and/or registered o					
registered agent and/or the new registered office address her	re: No change				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address	(E) as			
<del></del>	, Flor	ida 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:

AMBR = 7	Authorized Member 1000 2	HANEE	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
		12.5	Change
			Add
			□ Remove
			☐ Change
	Maria de la compansión de		
		<del></del>	☐ Remove
			Change  Add  Remove
<u>.</u>			Change Change
			☐ Remove
		<del>.</del>	Add
			☐ Remove
			☐ Change

			<del>-</del>				
<del></del> -							
					- "		<u> </u>
	<del></del>						<del></del>
						~>	
	<del>_</del> _		·		AE'X	20 <del>10</del>	~ <del>~</del>
					<u> </u>	DEC	• • • • • • • • • • • • • • • • • • •
					(C) 2	<u>۔۔</u>	1
					in	<i>&gt;</i>	
				<del>.</del>			
					0,710 0,710	=	
					Þ		
Tective date, if other than the da	te of filing:				_ (optional)		
an effective date is listed, the date must be	specific and ca	annot be prior t	o date of filing		ays after filing.		
ote: If the date inserted in this block ocument's effective date on the Depart			bie statutory i	ning requireme	ints, this date	will not t	e iisted
e record specifies a delayed e The 90th day after the record		te, but not	an effectiv	e time, at 1	2:01 a.m.	on the (	earlier
DECEMBER 11		2018					
aicu							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00