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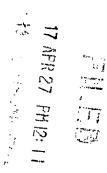
(Requestor's Name)	_
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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COVER LETTER

	Registration Se Division of Cor					
CUDIE/		ACCOUNTING ADVISORY	, LLC			
SUBJEC	.1:	Name of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		ILONA OZEM				
			Name of Person			
	STATERA ACCOUNTING ADVISORY, LLC					
			Firm/Company			
		745 13TH STREET #7				
			Address	 		
		MIAMI BEACH FL 33139	9			
			City/State and Zip Code			
		OZEM.ILONA@GMAIL.C				
For furthe	er information c	oncerning this matter, please c	to be used for future annual report notifi all:	cation)		
ILONA (OZEM		518 3391160 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
= \$25 .0	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 ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STATERA ACCOUNTING ADVISORY, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/03/2017	and assigned
Florida document number L17000050473		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	745 13TH STREET #7	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH FL 33139	
		<u> </u>
Enter new mailing address, if applicable:		- Company
(Mailing address MAY BE A POST OFFICE BOX)		
		2 2 :13
		12
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the ne
registered agent and/or the new registered office address her	<u>c</u> .	,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	Zin 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

<u> Title</u>	<u>Name</u>	Address	Type of Action
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			∴ — □ Add
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ctive date, if other than the date effective date is listed, the date must be specified.	ecific and cannot be p	rior to date of filin	g or more than 90 day	(optional) ys after filing.) Purs	uant to 605.020
e: If the date inserted in this block do iment's effective date on the Departm	es not meet the appoint of State's record	olicable statutory	filing requiremen	ts, this date will r	iot be listed a
ecord specifies a delayed effe ne 90th day after the record is	ctive date, but filed.	not an effect	ive time, at 12	:01 a.m. on tl	ne earlier (
APRIL 4TH	2017				
				,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00