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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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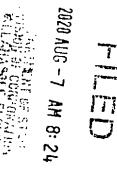
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COVER LETTER

TO: Registration Se Division of Cor				
• • • • • • • • • • • • • • • • • • • •	TED ACCOUNTING SERVIC	ES LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ROXANA TUMBACO			
		Name of Person		
	CORNERSTONE TAX A	ND ACCOUNTING SERVICES O	CORP	
		Firm/Company		
	12228 WEST SAMPLE R	D		
		Address		
	CORAL SPRINGS, FL 33	065		
		City/State and Zip Code		
	ACCOUNTING@CORNE			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
ROXANA TUMBACO		786 597-9461		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 Addre Registration		Street Address: Registration Se	ection	
Division of C		-	Division of Corporations	
P.O. Box 632	27	The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AO TRUSTED ACCOUNTING SERVICES	LLC	2020
(Name of the Limited Liabili	ty Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number L17000123387		Sand assigned 1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
AO TRUSTED SERVICES LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	,	Florida
-	City	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ALEXIS OROZCO	12228 WEST SAMPLE RD	□ Add
		CORAL SPRINGS, FLORIDA 33065	□Remove
			■ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove

(If an o Note	tive date, if other than the date of filing:
e reco	ord 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
na is	med.
Date	July 24 th, 2020.
Daic	
	Cincolne Community of the Community of t
	Signature of a member or authorized representative of a member