# L17000133900

(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

Office Use Only



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SECRETAR LIFE STARK

D. SCOTT JAN 1 1 2019

Phone: 337-302-0058

## ORLANDO ACCOUNTING PROFESSIONALS

January 7, 2019

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it may concern:

Please note that the initial Articles of Amendment were mailed on December 7th a he \$25 check cleared our bank on December 12th. It appears, at the time, we made an error and we should have included page 2 of the Articles of Amendment even though we had no changes. We called your office twice within the last month and we were told a letter will be sent to us with further instructions. We have not received either one of the letters.

Enclosed you will find a new copy of the complete Articles of Amendment with the exception of the check which your office already has. Please file on our behalf. Should you have any questions please contact me at the number above.

Thank you for your help,

Gabriela Snell

()

### **COVER LETTER**

TO:

то:	Registration Se Division of Cor					
erin ir		OUNTING AND BUSINESS S	SERVICES LLC			
SUBJE	CI:	Name of Limi	ned Liability Company	<del></del>		
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		GABRIELA SNELL				
		-	Name of Person	<del></del> .		
		ORLANDO ACCOUNTIN	G PROFESSIONALS LLC			
		<u></u>	Firm/Company			
		15512 TIDAL COVE ALA	,	īAI.L	2819 JAN -9	
		****	Address		JAN -9 A	
		WINTER GARDEN, FL 3	4787	ט טר די ט ט ר		=
			City/State and Zip Code			٤
		info@agaccount.com	to be used for future annual report notific	cation) S	2: 07	
For furt	her information c	oncerning this matter, please ca	·		<u></u>	
GABR	IELA SNELL		337 3020058			
	Name o	f Person		Telephone Number	<del></del>	
Enclose	ed is a check for th	ne following amount:				
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building			

Tallahassee, FL 32314

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&G ACCOUNTING AND BUS	SINESS SERVICES LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears mited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Com	pany were filed on	6/20/2017	and assigned
lorida document numberL17000133900			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	<u>re</u> :	
ORLANDO ACCOUNTING PROFESSIONALS LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
n a company of the contraction o			
Enter new principal offices address, if applicable:			8-7-11
Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			20 10
Maning data Cost Mill BE 111 COST OF THE BOX		AHA:S	A July
	<del> </del>	- <u>5*</u> C3	
D. K.C. II. d. S.A. L. A. M. S.		[7]	-< 40 a
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address off c here:	* 1	<del></del>
egistered agent and/or the new registered office address	s nere.		
			Á o
Name of New Registered Agent:		**	<b> </b>
New Registered Office Address:			
new registered office Address.	Enter Flori	ida street address	
		, Florida _	
<del></del>	City	, 1 1011114 _	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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nn effective da ote: If the d	e, if other than tate is listed, the date in late inserted in this Tective date on the	iust he specific a block does no	and cannot be prior t meet the applic	able statutory fili	more than 90 days			
	pecifies a delay day after the re			t an effective	time, at 12:0	01 a.m. c	n the e	earlier o
ited	January 7		2019					
		$\rightarrow \lambda / \lambda$	ull					
	· · · · · · · · · · · · · · · · · · ·	Signature of	a member or author	rized representati	ve of a member			

Page 3 of 3

Filing Fee: \$25.00