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SECONDIAN OF STATE
FALLAHASSEE, FLORIDA

DEC 03 2018 S. YOUNG

COVER LETTER

Division		oorations			
	ALL BU	SINESS TAX CPA, LLC			
SUBJECT:		Name of Limited Liability Company			
The endoord Ast	ialos ot	Amendment and fee(s) are sub-	mittad for filing		
Please return all c	torrespor	ndence concerning this matter	to the following:		
		Tzvi Y. Sherr			
			Name of Person		
		Tzví Y. Sherr, CPA			
			Firm/Company		
		6503 N. MILITARY TRA	IL. SUITE #1000		_
			Address		NOV NOV FI
		BOCA RATON, FL 33496	>		711. W 28
		tysherr@gmail.com	City/State and Zip Code		FILED NOV 26 AM 7: 50 AHASSEE, FLORIDA
			to be used for future annual rep	ort notification)	AM 7: 50 FLORIDA
For further inforn	nation co	ncerning this matter, please co	ıll:		F 0
Tzvi Y. Sherr, Cl	PA		954 551-4 at ()	980	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a che-	ck for th	e following amount:			
■ \$25.00 Filing	; Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &
		NG ADDRESS: ution Section	STREET/C Registration	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMALL BUSINESS TAX CPA, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number £17000224188	were filed on 10/30/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SHERR TAX & ACCOUNTING, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		ــــــــــــــــــــــــــــــــــــــ
		26 ASSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Cin	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>	Name	Address	Type of Action
			
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ffective date, if other than the date of filing:	(option	al)	
an effective date is listed, the date must be specific and cannot be prior to date of filing of the late inserted in this block does not meet the applicable statutory to be unent's effective date on the Department of State's records.	or more than 90 days after til	ing.) Pursuant (to 605.020 e listed as
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.r	n. on the ϵ	earlier o
ated November 4 2018.			
and November 4. 2018.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00