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COVER LETTER

	Registration Se Division of Cor					
erto rec		ALL BUSINESS CPA SOLUT	TIONS LLC			
SUBJEC	CT:Name of Limited Liability Company					
The enck	osed Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		NICHOLAS OLIVO				
		OLIVO SMALL BUSINES	Name of Person			
		6151 LAKE OSPREY DR	Firm/Company			
		SARASOTA, FL 34240	Address			
		NOLIVO@OLIVOSMBCP	City/State and Zip Code A.COM			
		E-mail address: (t	to be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please co	all:			
NICHOL	LAS OLIVO		941 373-1473 at ()			
	Name o	f Person		ne Telephone Number		
Enclosed	l 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:

TO:

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

OLIVO & COMPANY CPA	Linkillan Community as it may appears an our records	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 11/22/2017 a	nd assigned
Florida document number <u>L17000241457</u>		
This amendment is submitted to amend the follow	zing:	
A. If amending name, enter the new name of the	he limited liability company here:	
OLIVO SMALL BUSINESS CPA SOLUTIONS ELG		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbrevial	on "L.L.C."
Enter new principal offices address, if applicab	ole:	= -1
(Principal office address MUST BE A STREET.	ADDRESS)	9 77
Enter new mailing address, if applicable:	Control	6: 24
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the nee address here:	ame of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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
			□ Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Adđ
			Remove
			Change
			☐ Remove
			□ Change
			
			□ Remove
			☐ Change

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	1/6. 2019. Nichola Oliva
	Signature of a member or authorized representative of a member
	Nicholas Olivo Typed or printed name of signee

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Filing Fee: \$25.00