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SCCRETARY OF WINE TIONS ON UNIVERSITY OF CORPORETIONS 21

N COOPER JUN 1 3 2018

COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	Specialized	Accounting Professionals,	LLC			
Name of Limited Liability Company						
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Andrew Miles				
			Name of Person			
		Specialized Accounting	Professionals			
			Firm/Company			
		601 21st St, 4th Floor				
			Address			
		Vero Beach, FL 32960				
			City/State and Zip Code			
		drew.miles@taxsavingpro				
			to be used for future annual report notific	cation)		
For further in	oformation co	ncerning this matter, please ca	all:			
Drew Miles		_	772 228-7702 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling 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)		

TO:

Registration Section

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

Specialized Accounting Professionals, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April, 11, 2018 and assigned Florida document number L18000091939 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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>	<u>Address</u>	Type of Action
MGR	Philip Van Staden	228 North Park Ave, Ste K	= Add
		Winter Park, FL 32789	Remove
			□ Change
			□ Add
			Remove
			Change
			☐ Add
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Filing Fee: \$25.00