118000158598

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
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AUG 0 7 2020 S. YOUNG

COVER LETTER

TO: Registration Sect. Division of Corpo			
SUBJECT: A+10	ntikos CPA Name of Lin	A GOLD LLC nited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Juan Car	lOS Montro de	Oca
	Montes de (DCA LAW Gray)
	8. South	Odado Aue.	<u>. </u>
	Hissimmel	FL 34741 City/State and Zip Code	
	juanca los (OMOLAWANDER TO BE USED FOR FUTURE ANNUAL DEPORT INSTITUTE	COY cation)
For further information con-	cerning this matter, please of	all:	
Juan Carlos Name of Pe	monus de O		217 Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	S30.00 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:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AHONTIKOS CPA G (Name of the Limited Liability Compa (A Florida Limited	Any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000158598</u> .	were filed on Ou 38 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	onting Services LUC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8 South Orlando Lue Hissimmer, FL 34741
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8 South Orlando Aug. Kissimmer, FL 34741
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 8 South	Orlando Ave Enter Florida street address
_ Kissin	nnel Florida 34741 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	Juan Carlos Monto de Ora	8 South Orlando Ave	\Delta dd
		Kissimmer, FL 34741	□Remove
			□Change
<u>mgr</u>	Giselle Morales	8 South Orlando Auc	b\ \
		Kissimmer, FL 34741	□Remove
			□ Change
			□Add
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an et Note:	ive date, if other than the date of filing:
the re) The	cord 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	06/19 20a0.
	Signature of a member or authorized representative of a member
	Juan Carlos Montes de Oca.

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Filing Fee: \$25.00