1900006899

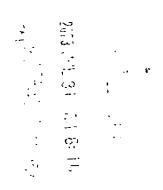
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A. RIVERS

AUG 2 2 2023

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:A	BBOTT ACCO	UNTING LLC ted Liability Company	1
The enclosed Articles of Ar	nendment and feets) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Mid	nad Abbo	H
	Micha	el Abolt Firm Company	CPA, PUC
	<u>11360 SW</u>	436 Dave	#5201
	Miramar	FL 336 City/State and Zip Code	725
	Michael abbat	+810 amail	Cern
For further information cond	cerning this matter, please ca		par norma account
Michael A		a ₍ <u>116</u>)	913 - 6706 Daytime Telephone Number
Name of Po	erson	Area Code	Daytime Telephone Number
Enclosed is a check for the (following amount:		
X \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: 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

(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L\900006899</u> .	were filed on 1 4 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab MICHAEL ABBOTT CF The new name must be distinguishable and contain the words "Limited Liabs	PA PLIC	abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registere
Name of New Registered Agent: Same		77. 123
New Registered Office Address:	Enter Florida street address	- は、
	. Florida _	Zip Code CO
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.

	information, enter change(s) here: (Attach additional sheets, if necessary.) Mange and from LLC to PLLC
Single practice	specific professional purpose is the of accounting services.
1	MICHAEL ABBOTT CRA, PLLC
ective date is listed, t If the date inserted	than the date of filing:
d specifies a delaye ed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at
July —	1 24 . 2023 Signature of a member or authorized representative of a member
	Michael Abbott

.

Filing Fee: \$25.00