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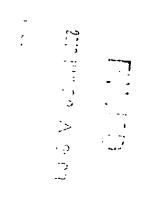
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COVER LETTER

TO: Registration Se Division of Co			
	O, TSIOMAKIDIS, AND ASS	OCIATES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALICE CARDOSO		
	Cardoso and Associates C	PA Firm, PLLC	22.11
		Firm/Company	
	5424 NW 109 CT		· •
		Address	<u> </u>
	DORAL, FL 33178		~ ^ ^ ^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	ACARDOSO76@BELLSO	City/State and Zip Code DUTH.NET	
	E-mail address: (to be used for future annual report not	tfication)
For further information of	concerning this matter, please c	all:	
ALICE CARDOSO		305 431-6914	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3.	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARDOSO, TSIOMAKIDIS, AND ASSOCIATES, 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 MAY 7, 2019 and assigned Florida document number L19000123962 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cardoso and Associates CPA Firm, PLLC 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 City

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>	Address	Type of Action
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an effective date is listed,	the date must be specific d in this block does no	and cannot be prior to da ot meet the applicable	te of filing or more than 90 statutory filing requiren	(optional)days after filing.) Pursuant to tents, this date will not be l	605.020 isted a:
	a delayed effectiver the record is file	e date, but not an ed.	effective time, at	12:01 a.m. on the ea	rlier o
e record specifies The 90th day afte					

Page 3 of 3

Filing Fee: \$25.00