L19000123962

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

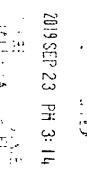
Office Use Only



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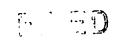
	Registration Se Division of Co		**	**
CUDIC		O AND ASSOCIATES CPA FI	RM, PLLC	
SUBJEC [*]	.:	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	ırn all correspo	ondence concerning this matter	to the following:	
		ALICE CARDOSO		
			Name of Person	
		Cardoso and Associates CF	PA Firm, PLLC	
		<u> </u>	Firm/Company	
		10891 NW 109 CT UNIT	145	
			Address	<u> </u>
		MIAMI, FL 33172		
			City/State and Zip Code	
		ALICE@CARDOSOCPA.C		
		E-mail address: (to be used for future annual report notif	fication)
For furthe	r information o	concerning this matter, please ca	all:	
ALICE C	ARDOSO		305 431-6914 at ()	
	Name (of Person	at ()	e Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.00	O 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:

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



Cardoso and Associates CPA Firm, PLLC

2619 SEP 23 PH 3: 14

(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 FLORIDA 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: 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
			Add
			Remove
			Change
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nativ	its if other than the date of filing:
eftec	ate, if other than the date of filing: (optional) 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 605.0.
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he s	a day after the record is filed.
A local	st 19 2019
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00