L19000 202 891

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400337298114

11/25/19--01041--020 *+30.00

2019 NOV 25 PH 12: 1

C Kiuzea DEC 5 9 JOJA

COVER LETTER

TO: Reg Div	gistration Sec ision of Corp	ction porations		
SUBJECT:	ALEX'S AC	CCOUNTING, CONSULTIN	NG, & TAX SERVICES, LLC	•
SOBSECT.	<u> </u>	Name of Li	mited Liability Company	
The enclosed	Anticles of A	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspor	ndence concerning this matte	er to the following:	
		Alexander David Long		
			Name of Person	
		ALEX'S ACCOUNTING	, CONSULTING, & TAX SE	RVICES, LLC
			Firm/Company	
		403 Lakeview Drive Apt	204	
			Address	
		Weston, FL 33326		
			City/State and Zip Code	
		adlongcontact@gmail.com		
		E-mail address: (to be used for future annual repo	rt notification)
For further inf	formation con	ncerning this matter, please c	all:	
Alexander Da	vid Long		786 395-25	08
	Name of P	erson		aytime Telephone Number
Enclosed is a c	theck for the	following amount:		
□ \$25.00 Fit	ing 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

ALEX'S ACCOUNTING, CONSULTING, & TAX SERVICES, 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 08/09/2019 _ and assigned Florida document number L19000202891 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Long Accounting & Advisory, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			C Remove
			Character and

•	
-	
-	
-	
-	
-	
_	
_	
_	
_	
_	
_	
ian eite <u>Sote:</u> I	re date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated _	November 20 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Alexander David Long Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00