# L19000721294

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## **COVER LETTER**

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Oblin Intern	EFFECTIV	VE SOLUTION PROFESSIO	DNAL, LLC	•		
SUBJECT:		Name of Lin	nited Liability Company	<del></del>		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		SERGE W. D'HAITI				
			Name of Person			
SERGE W. D'HAITI, CP			A PLLC	200		
			Firm/Company	7877 A. C.		
4347 WILLOW POND ROAD, SUITE C						
		<del></del>	Address			
		WEST PALM BEACH, F	L 33417			
			City/State and Zip Code	<del></del> &		
		SERGEDHAITI@HOTMA				
			to be used for future annual report notific	cation)		
For further in	nformation c	oncerning this matter, please c	all:			
SERGE D'	HAITI		561 271-0019 at ( )			
	Name o	f Person		Telephone Number		
Enclosed is a	check for th	ne following amount:				
\$25.00 1	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)		
	iling Addres		Street Address:	ion		
Registration Section Division of Corporations			Registration Section Division of Corporations			
	). Box 632		The Centre of Ta			
Tal	lahassee, I	FL 32314	2415 N. Monroe Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### EFFECTIVE SOLUTION PROFESSIONAL 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 \_\_\_\_08/29/2019 and assigned Florida document number L19000221294 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SERGE W DHAITI CPA PLLC 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.

City

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>	<u>Address</u>	Type of Action
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un effective date is listed, ote: If the date inserte	r than the date of filing the date must be specific and and in this block does not atte on the Department of	nd cannot be prior to a meet the applicable	date of filing or more than e statutory filing requi	(optional) 90 days after filing.) Pursuant to 6 ements, this date will not be li	05.026 sted a
ALIGNET 6	yed effective date, but no	ot an effective time	, at 12:01 a.m. on the e	arlier of: (b) The 90th day af	er th
ited Marka	1511				
AUX	Signature of a	member or authorize	ed representative of a me	nber	

Filing Fee: \$25.00