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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email	Address:		_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A L A FINANCIAL & ACCOUNTING SERVICES, CPA LLC

Certificate of Status	U
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COVER LETTER

	ation Secti n of Corpo			
	LA FINAN	NCIAL & ACCOUNTING SE	RVICES, CPA LLC	
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed An	ticles of Ar	mendment and fee(s) are subm	nitted for filing.	
Piease return all	correspond	lence concerning this matter to	the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Fimt/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		alaconsultingcpa@gmail.co.		
		E-mail address: (t	o he used for future annual report notifi	calion)
For further infor	rmation cor	ncerning this matter, please ca	H:	
Cheyenne Moss	ele _y		800 773-6888 at ()	
	Name of		Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the	following amount:		
□ \$25,00 Filir	ng 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

A L A FINANCIAL & ACCOUNTING SERVICES,		
(Name of the Limited Liability Comp. (A Florida Limited	inv as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/11/2019	and assigned
Florida document number L19000301653		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
A. L. Alexander Financial Accountant & Consulting Services LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r 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)		202
		= 7
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, re:	enter the name of the n
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, re:	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, re:	
registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, re:	
registered agent and/or the new registered office address he	office address on our records, re: Enter Florida street address	2 17 77 77 77 77 77 77 77 77 77 77 77 77
registered agent and/or the new registered office address he Name of New Registered Agent:	re:	2 110 2

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

_□ Change

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
	-		□ Add
			Remove
-			☐ Change
			□ Remove
			Change
* 12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			□ Add
			□ Remove
			□ Change
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			D Add
			Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Nate:	tive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1/20/2020 Amdrea L. Alexander
	Signature of a member or authorized representative of a member
	Andrea L. Alexander Typed or printed name of signee

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Filing Fee: \$25.00