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(Cit	y/State/Zip/Phone	e #)
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T. MATTHEWS JUN 15 2022

COVER LETTER

		COVER LETTER	
TO: Registration Se		•	
Division of Cor	•		
	COUNTING GROUP, 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:	
	AURYS M RODRIGUEZ		
	A PLUS ACCOUNTING C	Name of Person	
	8245 NW 368T SUTTE 9	Firm/Company	
		Address	
	ĐORALJEL 33166		
	TAXESAPLUS@GMAIL.C	City/State and Zip Code OM	
	E-mail address: ()	to be used for future annual report not	ilication
For further information of	concerning this matter, please ca	all:	
AURYS MRODRIGUE	7.	786 3483628	
Name o	of Person	at () Area Code Daytin	ic 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
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE OIVISION OF CORPORATIONS

A PLUS ACCOUNTING GROUP, LLC

22 APR 25 PM 1: 16

The Articles of Organization for this Limited Liability Company were filed on 12.30.2019 ____ and assigned Florida document number 1.20000007067 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 ___. 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 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
MGR	ARIANNE M GONZALEZ	1683 W 59TH STREET HIALEAH, FL 33012	= Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
		□Add	
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(II an ell Note:	ve date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
Dated	4/18/2022
	Signature of a member