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(Requestor's Name)	
(Address)	900355
(Address)	300333
(City/State/Zip/Phone #)	
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(Business Entity Name)	12/02/20-
(Document Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			
211111122	CUKlein C			
SORTEC	T:	Name of Lim	ited Liability Company	·
The anal	a má Amiolae sé	Amendment and fee(s) are sub	unitted for filing	
		ondence concerning this matter		
		Charles Klein		
			Name of Person	
		CUKlein CPA LLC		
			Firm/Company	
		PO Box 368		
			Address	
		Dunedin FL 34697-0368		
			City/State and Zip Code	
		cuikleintax@gmail.com E-mail address: (to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please c		
Charles	Klein		727 512-2743	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	f is a check for the	ne following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 9	Section	Street Address: Registration Sc Division of Co	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32303

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUKlein CPA LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on February 12, 2020	and assigned
lorida document number L20000049666		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
CUKlein Tax Services LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		70.70
, , , , , , , , , , , , , , , , , , ,		3 0
		-2
nter new mailing address, if applicable:		구 :
Mailing address MAY BE A POST OFFICE BOX1		
		\sim \sim \sim
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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 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

Title	Name	Address	Type of Action
19			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
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			□Remove
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			□Remove
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November 30 2020			
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