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COVER LETTER

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Tallahassee, FL 32314

TO: Registration So Division of Cor			•
SUBJECT: LAW	rence 2 Juli	es CPA & CO ed Liability Company	nsuitants, L.C.
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	n the following:	
	Chimem	e Lawrence Name of Person	<u> </u>
	Lawrence	3 Jules CPA Firm/Company	3 Consultants, Luc
	2379 Tarr	niami Trail Address	East
	Naples, F	City/State and Zip Code Q 2 9 Mall. W be used for fiture annual report noti	m
For further information c	E-mail address: (to concerning this matter, please cal		fication)
Chimene	e Lawrence of Person	at (407) 408- Area Code Daytim	CO142 e Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

vies CPA & consultants, 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 Compa Florida document number <u>L 20000 L0</u> (ny were filed on $\frac{2}{}$	17/202	and ass	signed	
Florida document number <u>L 2000060</u> [S	74				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here	:			
Unwrence CPA & Cons The new name must be distinguishable and contain the words "Limited Lia	:Ultants	LLC.	 		
The new name must be distinguishable and contain the words "Limited Lie					
Enter new principal offices address, if applicable:	NA	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADDRESS)	•		2020 FACE		
					
			HAR -9 RETART AHASS	1:	
Enter new mailing address, if applicable:	NIA				
(Mailing address MAY BE A POST OFFICE BOX)			AN IO: 44 E. PLORID.		
			10 TO TO	**************************************	
			AH IO: 44 OF STATE ORIO,		
B. If amending the registered agent and/or registered offic	e address on our reco	ords, <u>enter the nan</u>			
agent and/or the new registered office address here:					
Name of New Registered Agent: Name					
, , , , , , , , , , , , , , , , , , , ,					
New Registered Office Address:	Enter Florida	Enter Florida street address			
-	City	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Age	•				

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:

		M	1
MGR =	Manager	, ,	•
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00