## L20000168276

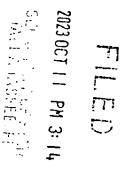
(Re	questor's Name)		
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Certified Copies	_ Certificates o	of Status	
Special Instructions to	Filing Officer.		





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## **COVER LETTER**

TO: Registration Se Division of Cor		•	•
suвјест: <u>Alisa Kn</u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Leonard Titone ME	Name of Person	<del></del>
	CPA Tax Advisors	Inc Firm/Company	
	12995 S Cleveland		
	Fort Myers, FL 339	Address	
	admin@cpataxadvi		
For further information co	nemail address: (	to be used for future annual report notification)	
Leonard Titone, MBA, CPA Name of Person		at (855 Area Code Daytime Telephone N	Sumber
Enclosed is a check for the	ne following amount:		
X \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy iditional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, I	15 52514	2415 N. Monroe Street, St	une 910

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alisa Knittel LLC (Name of the Limit	ted Liability Comp	any as it now appears or	our records )		_	
	(A Florida Limited	any as it now appears on Liability Company)	out treptus,			
The Articles of Organization for this Limited Liability Company were filed on 6/17/2020					and assigned	
Florida document number L20000168276					-	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited lial	bility company here:				
Alisa Dudenhoeffer PLLC		-		: 2	<u> </u>	
The new name must be distinguishable and contain the w	vords "Limited Liab	ility Company," the design	nation "LLC" or the ab			
Enter new principal offices address, if applic	able:	NA			<u> </u>	
(Principal office address MUST BE A STREET ADDRES						
				(C. 3	2 [1	
				ي (۱۰)	, :	
Enter new mailing address, if applicable:		NA	í	- - -	<del>-</del>	
Mailing address MAY BE A POST OFFICE	BOX)				·	
			<del>-</del>			
3. If amending the registered agent and/or r gent and/or the new registered office addres	egistered office ss here:	address on our reco	rds, <u>enter the nam</u>	e of the r	new registe	
Name of New Registered Agent:	Alisa A Dudenhoeffer					
New Registered Office Address:	3015 SW Pine	Island Rd #114				
	<del></del> _	Enter Florida	street address			
	Cape Coral		, Florida	991		
		City	, <del></del>	Zip Coo	de	

## 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.

Changlog 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>	Address	Type of Action
MGR	Alisa A Dudenhoeffer	3015 SW Pine Island Rd #114	□ Add
		Cape Coral, FL 33991	
			= Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Remove	
			□Change
			□Add
		□Remove	
		Change	
		□Add	
			□Remove
			∏Change.

Typed or printed name of signee