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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ricciardella CPAs &	Advisors, PL	LC	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
		1	L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Сегі. Сору
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
 Signature	 		Fictitious Owner Search
Signature			Vehicle Search
	-		Driving Record
Requested by: SETH	00/07/00		UCC 1 or 3 File
	$-\frac{08/05/20}{5}$		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO:

TO: Registration S Division of Co			
Ricciardel	lla CPAs & Advisors, PLLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Justin Ricciardella		
		Name of Person	
	Ricciardella CPAs & Advi	sors, PLLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	851 Madison Court		
		Address	
	Palm Beach Gardens, Flori	da 33410	
		City/State and Zip Code	
	jricciardella@rcpapllc.com		
For further information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report not all:	iffication)
Justin Ricciardella		561 501-0660	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Centificate 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 Addre</u> Registration		<u>Street Address:</u> Registration Sc	ection
Division of	Corporations	Division of Co	
P.O. Box 63		The Centre of	
P.O. Box 63 Tallahassee.			Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICCIARDELLA CPAS & ADVISOR	RS. PLLC				
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our rec Liability Company)	cords.)		
The Articles of Organization for this Limited Liabi Florida document number L20000219212	ility Company	were filed on July 30, 2020		and assi	<u>ş</u> ned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "l	LLC" or the abեր	<u> </u>	.C."
Enter new principal offices address, if applicable	le:	851 Madison Court		AUG	П
(Principal office address MUST BE A STREET A	(ADDRESS)	Palm Beach Gardens, FL 3.	3410	-5	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)	851 Madison Court Palm Beach Gardens, FL 3.	ا ب آن	AM 7:43	ED
B. If amending the registered agent and/or registered agent and/or the new registered office address had Name of New Registered Agent:	stered office a nere:	nddress on our records, <u>en</u>	ter the name	of the new	registerec
New Registered Office Address:	851 Madison C	Court			
rew registered office radiress.	Enter Florida street address				
<u>.</u>	Palm Beach Ga	rdens	Florida 3341	0	
N	City	Zip Code			
New Registered Agent's Signature, if changing Reg					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change in the registery.	and complete red agent as p istered office	performance of my duties, provided for in Chapter 60	, and I am fai 95, F.S. Or, if	niliar with this docun	and ient is

If Changing 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	Ricciardella, Justin	851 Madison Court	□Add
		Palm Beach Gardens, FL 33410	≣Remove
			□Change
AMBR	Ricciardella, Justin	851 Madison Court	≣ Add
		Palm Beach Gardens, FL 33410	□Remove
			2020 A 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14
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f an effec <u>Note:</u> H	re date, if ot etive date is list f the date inse nt's effective	ed, the date r erted in this	must be speci block does	fic and can not meet	the applica	to date of fi	iling or more ory filing re	than 90 days	optional) after filing.) , this date	Pursuant will not l	to 605.0207 (be listed as t
e record d is file	specifies a do d.	layed effec	tive date, b	ut not an e	ffective tin	ne, at 12:	01 a.m. on	the earlier o	f: (b) The	e 90th da	y after the
Dated											
			della !!!!	samed by Austin Sir), Du. L com, (=U)	_ •					
	-					rized repre	sentative of	n member	<u>-</u>		

Filing Fee: \$25.00