# L20000389426

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
emailed - 2/14/24
Jerrod Langles gave
authorization to add
Serrod Langles gave authorization to add specific purpose 57 4/26/24
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Office Use Only

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

. Division of Cor	porations			
MASTERS	ACCOUNTING & TAXATIO	ON LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ndence concerning this matter	_		
rease return an correspo	indence concerning this matter	to the following.		
	JERROD E. LONGLEY			
		Name of Person		
	LONGLEY CPA FIRM PI	.l.C		
	*	Firm/Company		
	12192 SW LOCKHAVEN	COURT		
	_	Address		
	PORT SAINT LUCIE, FL	34987		
		City/State and Zip Code		
	JLONGLEY@LONGLEY@			
	E-mail address: (	to be used for future annual re	eport notification)	
For further information co	oncerning this matter, please ca	all:		
JERROD E. LONGLEY		772 979-	5488	
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for th	e fallowing amount:			
	-	m est op bill it in	□ 0/0 00 p;	15 (5
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo)	Certificat (sed) Certified	te of Status &
Mailing Address		Street Add		
Registration S Division of Co			ion Section of Corporations	
P.O. Box 632			tre of Tallahassee	

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

Tallahassee, FL 32303

130 South Indian River Drive, Suite 202 #1189, Fort Pierce, FL 34950 Phone: (772) 979-5488 Email: [longley@longleycpa.com

#### REQUEST TO CHANGE BUSINESS ENTITY NAME AND PRINCIPAL ADDRESS

November 09, 2023

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

To Whom it May Concern:

I am writing as the authorized representative and sole owner of Masters Accounting & Taxation LLC (ref. L20000389426) to request for the name and principal address of the business to be changed in accordance with the information contained in this letter and the attached Articles of Amendment to Articles of Organization. I would like for the business name and principal address to be updated as follows:

#### BUSINESS NAME

Former: MASTERS ACCOUNTING & TAXATION LLC

New: LONGLEY CPA FIRM PLLC

#### PRINCIPAL ADDRESS

Former: 12192 SW LOCKHAVEN COURT, PORT SAINT LUCIE FL. 34987

New: 130 SOUTH INDIAN RIVER DRIVE, SUITE 202 - #1189, FORT PIERCE, FL 34950

The Articles of Amendment to Articles of Organization and \$25 filing fee are attached. We kindly request that you process the Articles of Amendment to Articles of Organization at your earliest convenience. If there are any further requirements or information needed, please do not hesitate to contact our office.

Sincerely

Jerrod E. Longley, CPA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## MASTERS ACCOUNTING & TAXATION 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 Company Florida document number L20000389426	were filed on 12/14/2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	pility company here:			
LONGLEY CPA FIRM PLLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	130 SOUTH INDIAN RIVER DR	LIVE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 202 - #1189			
	FORT PIERCE, FL 34950			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	130 SOUTH INDIAN RIVER DR SUITE 202 - #1189	IVE		
	FORT PIERCE, FL 34950			
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	nddress on our records, <u>enter the</u>	name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·		
	, Florid			
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	ROD E. LONGLEY					
7131						

Filing Fee: \$25.00