

L 20000 389426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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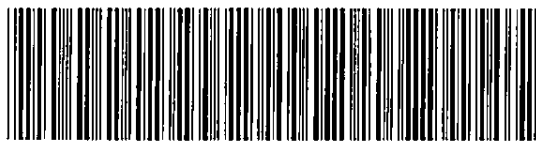
emailed - 2/14/24

Serrod Langley gave
authorization to add
specific purpose

ST 4/26/24

Office Use Only

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11/14/23--01020--030 ♦\$25.00

23 NOV 13 PM 6:29

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MASTERS ACCOUNTING & TAXATION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERROD E. LONGLEY

Name of Person

LONGLEY CPA FIRM PLLC

Firm/Company

12192 SW LOCKHAVEN COURT

Address

PORT SAINT LUCIE, FL 34987

City/State and Zip Code

JLONGLEY@LONGLEYCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERROD E. LONGLEY

772

979-5488

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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



LONGLEY CPA FIRM
Certified Public Accountant

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

23 NOV 13 PM 7:29

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Purpose: Accounting and Tax Services

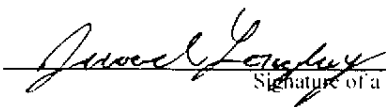
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 09, 2023



Signature of a member or authorized representative of a member

JERROD E. LONGLEY

Typed or printed name of signee

Filing Fee: \$25.00