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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Cor	porations		,
	XPERTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Edwin Shepherdson		
		Name of Person	
	Sentinel CFO Sources LLG	3	
	. <u>. </u>	Firm/Company	
	17862 Hunting Bow Circle		
	·	Address	
	Lutz, FL 33558		
		City/State and Zip Code	
	edwin@cfosources.com E-mail address: (to be used for future annual report no	ification)
For further information c	oncerning this matter, please c		
Edwin Shepherdson		813 920-2300	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee, l			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ACURA EXPERTS LLC		
(Name of the Lim	ited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited l	Liability Company were filed on 2/4/2	021 and assigned
lorida document number L21000061025		
his amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here	:
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	F ROX)	وب:
Framing address WATE DE .T. COT OF FICE		
		· · · ·
B. If amending the registered agent and/or	registered affice address an our reco	(.) ands, enter the name of the new regis
gent and/or the new registered office addr		The same of the state of the st
Name of New Registered Agent:	Sentinel CFO Sources LLC	မှာ တ
New Registered Office Address:	17862 Hunting Bow Circile, Suite 10	010
	Enter Florida	street address
	Lutz	, Florida 33558
	City	Zin 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 Changing Registered Agent, Signature of New Registered Agent
E. Str. phenis m. for Smtine (FO Sources)

If amending Authorized Person(s) authorized to manage, exter 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	Edwin Shepherdson	17862 Hunting Bow Cir. Lutz, FL 33558	= Add
			Remove
			□Change
MGR	Justin Mickey	7320 East Flectcher Ave, Tampa, FL 33637	
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
		Change	
			🗀 Ađd
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Chango

Article III of the Artic	cles of Organization			ith the following	
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Other provisors					
The purpose of the La					
					
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etive date, if other the effective date is listed, the interpret in intention date inserted in intention effective date is	late naist be specific a tillis block dues not	nd cannot be prior meet the applica	to date of filing or me thic statutory filing	re than 90 days after t	Digital ing a Proposition of the State of State
and specifies a delayed filed.	effective date, but n	ot an effective to	me, ut 12.01 ann y	n the earlier of (b)	The 90th day after if
al Aug	12	202	<u>/</u>		
		w	rived representative	nt a mountaine	

Filing Fee: \$25.00