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## **COVER LETTER**

Tallahassee, FL 32314

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EL ACCOUNTANTS, LLC		4			
Name of Lim	ited Liability Company		-		
Amendment and fee(s) are sub	mitted for filing.				
ndence concerning this matter	to the following:				
MERCEDES CARRERA-	TORRES				
	Name of Person				
FIRST LEVEL ACCOUNT	TANTS, LLC				
Firm/Company					
15002 SW 91ST TER					
Address					
MIAMI, FL. 33196					
	City/State and Zip Code	· · ·	_ 		
carrera-torres@outlook.com	1		10 JES		
E-mail address: (	to be used for future annual	report notification)	門里		
oncerning this matter, please ea	all:		6		
MERCEDES CARRERA-TORRES 305-699-6120			2025 JAN 16 AH 8: 5		
Person	Area Code	Daytime Telephone Numb	per Till of		
e following amount:					
■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifi closed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)		
ection					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	Amendment and fee(s) are subsidence concerning this matter  MERCEDES CARRERA-  FIRST LEVEL ACCOUN  15002 SW 91ST TER  MIAMI, FL. 33196  carrera-torres@outlook.com  E-mail address: (concerning this matter, please concerning this matter, please concerning this matter address: (concerning this matter)  Ferson  e following amount:  \$\Begin{align*} \text{S30.00 Filing Fee & Certificate of Status}  \text{Exection opporations}	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  MERCEDES CARRERA-TORRES  Name of Person  FIRST LEVEL ACCOUNTANTS, LLC  Firm/Company  15002 SW 91ST TER  Address  MIAMI, FL. 33196  City/State and Zip Code carrera-torres@outlook.com  E-mail address: (to be used for future annual oncerning this matter, please call:  -TORRES  100  110  110  110  110  111  111  1	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  MERCEDES CARRERA-TORRES  Name of Person  FIRST LEVEL ACCOUNTANTS, LLC  Firm/Company  150(12 SW 91ST TER  Address  MIAMI, FL 33196  City/State and Zip Code  carrera-torres/@outhook.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please eall:  -TORRES  Person  Area Code  Outing Fee & S60.00  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST LEVEL ACCOUNTANTS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited Liability Company villation of Company villation of Company villation and Company villation of Company villati	were filed on March 25.	2021 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
CARRERA & TORRES PROFESSIONAL SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		~ <u>.</u>	
		三百里 一	
B. If amending the registered agent and/or registered office a	ddress on our records,	enter the name of the new registered	
agent and/or the new registered office address here:			
Name of New Registered Agent:		- <u>G</u>	
New Registered Office Address:		ri,	
	Enter Florida street	address	
	Florida		
,	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity performance of my duti	y. I further agree to comply with the ies, 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

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>	Name	Address	Type of Action
			□Add
		<del></del>	□Remove
			☐ Change
			□Add
		<del></del>	□Remove
			☐ Change
			□Add
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			[] Change
			🗖 Add
			□Remove
			□Change

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

Filing Fee: \$25.00