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COVER LETTER

SUBJECT: Name of Limited Liability Company	Name of Person A & Accounting, LLC Firm/Company les Blvd Address L. 34109 City/State and Zip Code strelltax.com E-mail address: (to be used for future annual report notification) matter, please call: 239
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: BJ Cottrell Name of Person Cottrell Tax & Accounting, LLC	
Please return all correspondence concerning this matter to the following: BJ Cottrell Name of Person Cottrell Tax & Accounting, LLC	
Name of Person Cottrell Tax & Accounting, LLC	
Name of Person Cottrell Tax & Accounting, LLC	
Cottrell Tax & Accounting, LLC	
Firm/Company	
5633 Naples Blvd	
Address	
Naples, F1, 34109	
, and the second se	
admin@cottrelltax.com F.mail address: (to be used for hiture annual report notification)	
For further information concerning this matter, please call:	
at ()	
Name of Person Area Code Dayume Telephone Number	
Enclosed is a check for the following amount:	
= \$25.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Geri Castor LLC		
(<u>Name of the Limited Liabii</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (
Florida document number L21000245899		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Geraldine M Castor, LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		207
Principal office address MUST BE A STREET ADD	RESS)	
		!
	-	
Enter new mailing address, if applicable:		• •
Mailing address MAY BE A POST OFFICE BOX)		• •
		- 3
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, o	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Floric	da
	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 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	Gina Shutrump	6224 Herbert Rd	- 190 OF ACTION
		Canfield, OH	- n.
			Remove
	C. III. O		□ Change
AMBR	Geraldine Castor	14530 Red Fox Run 203	—
		Naples, FL 34110	■ Add
			□ Remove
			130
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lote: If the date	If other than the da s listed, the date must be inserted in this block tive date on the Depa	specific and cann	ot be prior to date	of filing or more than atutory filing requi	(optional 90 days after filin rements, this dat	l) g.) Pursuant to 60 e will not be lis	
record specifies is filed.	a delayed effective di	ste, but not an ef	fective time, at	12:01 a.m. on the	carlier of: (b) 7	he 90th day aft	er the
ated <u>Mu</u>	10,000	······································	· ·				
ب ب ر	fliating Geraldine	nature of v. membe	o l	presentative of a me			
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Filing Fee: \$25.00