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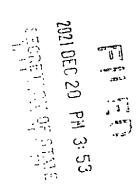
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(Requestor's Name)				
(Ad	ldress)			
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PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	cument Number)	· · · · · ·		
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
	Q. SILAS			
	A STATE OF			

Office Use Only



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## **COVER LETTER**

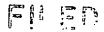
TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
DENNER SUBJECT:;	CPA, LLC		•
		nited Liability Company	<u> </u>
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter		
	John K. Carter		
		Name of Person	
	John K. Carter Law, P.A.		
		Firm/Company	
	9500 Koger Blvd		
	<del></del>	Address	
	St. Petersurg, FL 33702		
	john@johnkearterlaw.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
John Carter		727 456-8970	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 tadditional copy is enclosed)
Mailing Addres Registration S	<del></del> /	Street Address: Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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

TALL TO A STATE OF STATE 2021 DEC 20 PH 3:53 DENNER CPA, LLC The Articles of Organization for this Limited Liability Company were filed on Decembe 10, 2021 \_\_\_\_\_ and assigned Florida document number  $\underline{L}^{210000522463}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: 2520 McMullen Booth Rd - #226 New Registered Office Address: Enter Florida street address

## 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.

City

Clearwater

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_. Florida 33761 Zip Code 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
N/A 			
			□Remove
			□Change
N/A		□Add	
		□Remove	
			□Change
N/A			
		□Remove	
			□ Change
N/A ———	N/A 		□Add
		□Remove	
			□Change
N/A 		□Add	
			□ Remove
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			□Add
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