

Continued

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

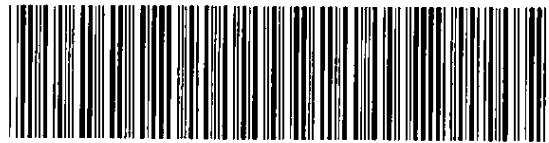
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



900435227069

08/27/24--01034--011 \*\*25.00

2024 AUG 27 PM 4:03  
CLERK OF STATE  
TALLAHASSEE, FL

K. HUNT

08/27/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pulver CPA, 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:

Aaron Pulver

\_\_\_\_\_  
Name of Person

Whittmarsh, LLC

\_\_\_\_\_  
Firm/Company

800 SE 4th Ave Ste 821

\_\_\_\_\_  
Address

Hallandale Beach FL 33009

\_\_\_\_\_  
City/State and Zip Code

aaron@pulvercpa.com

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

For further information concerning this matter, please call:

Aaron Pulver

\_\_\_\_\_  
Name of Person

at ( 786 )

\_\_\_\_\_  
Area Code

213 - 9473

\_\_\_\_\_  
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

RECEIVED  
TALLAHASSEE, FL  
JUN 27 PM 4:03

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

Pulver CPA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/23/2022 and assigned  
Florida document number L22000097102.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Whittmarsh, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)**

**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:**

Name of New Registered Agent:

New Registered Office Address:

*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 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>                                       | <u>Address</u>                   | <u>Type of Action</u>                   |
|--------------|---|----------------------------------|---|
| <u>Mgr</u>   | <del>Avraham Gross</del> <u>Avraham Zev Gross</u> | <u>800 SE 4th Ave Ste 821</u>    | <input checked="" type="checkbox"/> Add |
|              |   | <u>Hallandale Beach FL 33009</u> | <input type="checkbox"/> Remove         |
|              |   | <u></u>                          | <input type="checkbox"/> Change         |
| <u>Mgr</u>   | <u>Barrett Ehrlich</u>                            | <u>800 SE 4th Ave Ste 821</u>    | <input checked="" type="checkbox"/> Add |
|              |   | <u>Hallandale Beach FL 33009</u> | <input type="checkbox"/> Remove         |
|              |   | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>   | <u></u>                          | <input type="checkbox"/> Add            |
|              |   | <u></u>                          | <input type="checkbox"/> Remove         |
|              |   | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>   | <u></u>                          | <input type="checkbox"/> Add            |
|              |   | <u></u>                          | <input type="checkbox"/> Remove         |
|              |   | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>   | <u></u>                          | <input type="checkbox"/> Add            |
|              |   | <u></u>                          | <input type="checkbox"/> Remove         |
|              |   | <u></u>                          | <input type="checkbox"/> Change         |
| <u></u>      | <u></u>   | <u></u>                          | <input type="checkbox"/> Add            |
|              |   | <u></u>                          | <input type="checkbox"/> Remove         |
|              |   | <u></u>                          | <input type="checkbox"/> Change         |

SECRET  
OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF FLORIDA  
JAN 27 2011  
PH: 407-753-0300

2025 JUN 27 PM 4:04  
CLERK OF DISTRICT COURT  
TAMPA, FL

2024 JUN 27 PM 4:04  
FLORIDA STATE  
UNIVERSITY, FL

(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.

Dated August 23, 2024

Ans hurry

Signature of a member or authorized representative of a member

Aaron Pulver

Typed or printed name of signee

**Filing Fee: \$25.00**