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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SOUSA & ASSOCIATES INC
Account Number : I20190000111
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA
DIVISION OF CORPORATIONS
STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
C. P. ACCOUNTING EXPERTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
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2023 MAY -4 PM 2:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. P. ACCOUNTING EXPERTS 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:

Maria C Sousa
Name of Person
SA Finance & Accounting Inc
Firm/Company
5728 Major Blvd Ste 309
Address
Orlando Florida 32819
City/State and Zip Code
Licenses@safinacc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa at (407) 8007028
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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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

C. P. ACCOUNTING EXPERTS 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 09/21/2022 and assigned on Florida document number L22000413319

This amendment is submitted to amend the following:

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

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: 5728 MAJOR BLVD STE 536
(Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32819

Enter new mailing address, if applicable: 5728 MAJOR BLVD STE 536
(Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32819

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>CEO</u>	<u>Hunter, Harry, Jr.</u>	<u>1080 NW 30th St</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33127</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>SA FINANCE & ACCOUNTING INC</u>	<u>5723 MAJOR BLVD STE 309</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32819</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>FLEISHMAN & ASSOCIATES CPA FIRM P.A.</u>	<u>1177 LOUISIANA AVENUE, SUITE 102</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER PARK, FL 32789</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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.

Dated May 3 , 2023 .

Handwritten signature

Signature of a member or authorized representative of a member

Hunter, Harry, Jr.

Typed or printed name of signee