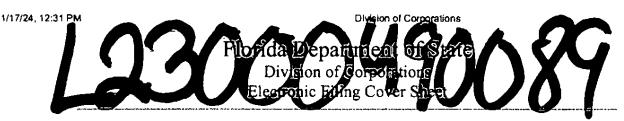
Fax



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(((H24000023177 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FERNANDEZ LEGAL Account Number : I20190000058 : (407)574-5009 Fax Number : (407)574-5953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: tatiana@podelcpa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TATIANA PODEL, CPA, PLLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

p.2

## **COVER LETTER**

TO: Registration Division of C	Section Corporations			
TATIA	NA PODEL, CPA, PLLC			
SUBJECT:	NA PODEL, CPA, PLLC	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
	spondence concerning this matter			
	Leslie Artze	Leslie Artze		
		Name of Person		
	Fernandez Legal			
	<u></u>	Firm/Company	<del></del>	
	135 W. Central Blvd Ste.	300		
		Address		
	Orlando, FL 32801			
		City/State and Zip Code		
	tatiana@podelcpa.com			
	E-mail address: (	to be used for future annual report no	tification)	
For further informatio	n concerning this matter, please of	all:		
Leslie Artze		407 574-5009		
Nam	ne of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection	
_	f Corporations	Division of Co	orporations	
P.O. Box 6		The Centre of		
i alianasse	e, FL 32314	2413 N. Monn	oe Street, Suite 810	

Tallahassee, FL 32303

(((H24000023177 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted I tabilities Comes		
(Asme of the Film	(A Florida Limited)	ny as it now appears on or Liability Company)	Ir records.)
The Articles of Organization for this Limited I Florida document number L23000490089	Liability Company	were filed on 10/26/20	23 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)	2582 Maguire Rd #427 Ocoee, FL 34761	
B. If amending the registered agent and/or agent and/or the new registered office addressed Name of New Registered Agent:			s, enter the name of the new registered
Hathe of New Registered Agent.	2602 14	D 1 #103	
New Registered Office Address:	2582 Maguire	KQ #421 Enter Florida stre	at address
	0	Emer Provide Sire	24761
	Ocoee	City	Florida (1) Zin Code
New Registered Agent's Signature, if changing	Registered Agent:	•	Florida 34761 Zipisode
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office change.	ee to act in this capac performance of my di provided for in Chapte address, I hereby con	ities, and I am familiar with and or 605, F.S. Or, if this boungent is firm that the limited limited.
	If Char	nging Registered Agent, <u>Si</u>	nature of New Registered Agent

p.4

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
			□Add
			□Remove
			□ Change
<del></del>			
			🗆 R <i>e</i> move
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

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If amending any other informa	ion, enter change(s) here: (Attach addit	tional sheets, if necessary.)
		<del></del>
<del> </del>		
		<u>.</u>
<del></del>		<del></del>
<del></del>		<del></del>
<del></del>		
Effective date, if other than the if an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.0207 ( ng requirements, this date will not be listed as t
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
January 16th	. 2024	
	Tationa Podel	
	signature of a member or authorized representativ	re of a member
	Tatiana L Podel	
	Typed or printed name of signee	