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## **COVER LETTER**

TO: Registration S Division of Co			
SERRANG SUBJECT:	O PROACCOUNTING LEC		
30D4LC.1.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EKIN SERRANO		
	<del></del>	Name of Person	
		Firm/Company	
	10513 LEADER LN		
		Address	
	ORLANDO, FL. 32825		
	DI PINCEDIO ANOMO FOZZA	City/State and Zip Code	
	ELKINSERRANO0812@C	to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
ELKIN SERRANO		786557666	
Name (	of Person	at () Area Code Dayn	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 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 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## 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)

SERRANO PROACCOUNTING LLC

2024 37: 17 7: 51

Zip Code

The Articles of Organization for this Limited Liability Company Florida document number 1.24(0)007(0)87	were filed on $\frac{02/13/2024}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ihty 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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

Ciry

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>	Type of Action
MGR	GREISSY MICHELLE REYNA C	10513 LEADER LN, ORLANDO, FL, 32825	<b>≣</b> Add
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ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date must	t be specific and cannot be pri	ior to date of filing or more	than 90 days after filing.) Pursus	ant to 605.0207 (
<u>Sote:</u> If the date inserted in this blo locument's effective date on the Do	partment of State's record	icable statutory ming re ls.	equirements, this date will no	of be fisted as t
	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
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record specifies a delayed effective d is filed.				
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d is filed.	2024 DYY MO Signature of a member or au	thorized representative of a	a member	

Filing Fee: \$25.00