## LZO 0000 56097

(Red	questor's Name)
(Add	dress)
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(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Ďoc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:

Office Use Only



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08/14/23--01015--013 \*\*25.00



## **COVER LETTER**

TICKERBU	JZZ, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WILLIAM RITGER		
		Name of Person	<u> </u>
		Firm/Company	
	750 OCEAN ROYALE W	AY APT 1101	
		Address	
	JUNO BEACH, FL 33408		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report	notification)
For further information co	oncerning this matter, please co	all:	
WILLIAM RITGER		561 891 190 at ()	3
Name of	f Person	Area Code Da	sytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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

TICKERBUZZ, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 02/19/2020	and assigned
Florida document number L20000056097		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
ACCREDITED INVESTOR ASSOCIATION, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		SEGNE TALL
Enter new mailing address, if applicable:		ARY OF THE
(Mailing address MAY BE A POST OFFICE BOX)		III 02
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
- And the second	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>	Address	Type of Action
AMBR	WILLIAM BAUMNER	731 CURLEW ROAD, DELRAY BEACH, FL 33444	4 <b>≘</b> Add
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Signature of a member or authorized representative of a member		<u> </u>		
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•		Signature of a member or authorized	representative of a member	
	,	<del>-</del>	•	
		Typed or printed nar	ie of signee	···

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Filing Fee: \$25.00