L21000218968

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BECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
Accumeth I	.LC		
SUBJECT:	Name of Limi	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 H. Stoddard		
		Name of Person	
	Albright, Stoddard, Warnio	ck & Albright	
	 	Firm/Company	
	801 S. Rancho Drive, Suite	2 D-4	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Las Vegas, NV 89106		
		City/State and Zip Code	
	lkehoe@albrightstoddard.co	om to be used for future annual report notificat	ion
For further information c	oncerning this matter, please co		ivii)
W illiam Stoddard	aurie Kenoe	702 384-7111	
Name o	f Person		elephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Section	on
Division of C		Division of Corpor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 DEC 27 PM 4: 57

Accumeth LLC

SECRETARY OF STATE

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Linned)	Chantity Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000218968</u>	were filed on May 11, 2021 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility_company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	Randall D. Dalley			
(Principal office address MUST BE A STREET ADDRESS)	PO Box 1288 3635 Sandy Street			
	Logandale, NV 89021			
Enter new mailing address, if applicable:	Randall D. Dalley			
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 1288			
	Logandale, NV 89021			
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: CT Corporation	n System			
New Registered Office Address: 1200 South Pir	ne Island Road Enter Florida street address			
Plantation	, Florida 33324			
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RANDALL DALLY	PO BOX 1288	■Add
		LOGANDALE. NV 89021	□Remove
			□Change
MGR	DAVID J. CHRISTENSEN	3025 PALOMINO	
		LAS VEGAS, NV 89021	□Remove
			□Change
AMBR	JULIE MAZZUCA	14720 NW 48TH AVENUE	
		REDDICK, FL 32686	Remove
AMBR	JOSEPH MAZZUCA	14720 NW 48TH AVENUE	
		REDDICK, FL 32686	Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change

_	LC IS MANAGE	R-MANAGED	INSTEAD	OF MEMBI	ER-MANAGE	D ————		
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Note: 1	ve date, if other crive date is listed, t If the date inserted ent's effective dat	d in this block (does not me	et the applica	to date of filing able statutory	or more than 90 Tiling requires	optional) days after filing. nents, this date) Pursuant to 605.02 will not be listed :
e record rd is file		red effective da	te, but not a	n effective ti	me, at 12:01 a	m, on the ear	lier of: (b) Th	e 90th day after th
Dated _					·			
	(1) m.		Mis	10	2			
	-Van	iel ffigi	iature of a m	ember or autho	orized represent	ative of a mem	her	

Filing Fee: \$25.00