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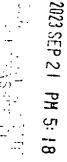
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COVER LETTER

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TO:	Registration Section Division of Corpor			
C I I D I W	······································	上母丁	GOFF , LLC	
20 D-J.E	CT:	Name of Limi	ted Liability Company	
The enc	closed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please	return all corresponde	nce concerning this matter t	o the following:	
		MHERLE	EDY S GOFF Name of Person	
			Name of Person	
			Firm/Company	
		2715 RAM	SEY DRIVE	
		APOPKA, FL	32 70 3 City/State and Zip Code	
			City/State and Zip Code	
	_	MGD-ff (0 10 gmai L. CO	y//[rt notification)
For fur	ther information conc	erning this matter, please ca		,
_M'	HERLEDY S	GOFF	at (407)	280 - 0101 hytime Telephone Number
	Name of Pe	rson	Area Code D	aytime Telephone Number
Enclose	ed is a check for the fe	ollowing amount:		
V \$2	5,00 Filing Fcc i	□ \$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: Registration Sec Division of Corp		Street Addre Registratio Division of	
	P.O. Box 6327	mations		of Tallahassee
	Tallahassee, FL	32314		onroe Street, Suite 810 e, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	L & J &	iff, LLC	
(Name of	the Limited Liability Compar (A Florida Limited Li	y as it now appears on our rectability Company)	cords.)
The Articles of Organization for this L	imited Liability Company v	were filed on Dill	2012 and assigned
Florida document numberL120	00005675		
This amendment is submitted to amend	I the following:		
A. If amending name, enter the new	name of the limited liabil	lity company here:	
-	BOOKKEEPING		
The new name must be distinguishable and co	ntain the words "Limited Liabili	ty Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address,	if applicable:		
Principal office address MUST BE A	STREET ADDRESS)		202
			2
Enter new mailing address, if applica	able:		- 1
Mailing address MAY BE A POST ()	FFICE BOX)		<u> </u>
			· . &
B. If amending the registered agent agent and/or the new registered office		ddress on our records, <u>en</u>	ter the name of the new regist
igent and/or the new registered offic	e address here.		
Name of New Registered Age	ent:		
New Registered Office Addre	vec-		
CIAN TRABINISM COLOR MUNIC	<u>, , , , , , , , , , , , , , , , , , , </u>	Enter Florida street ade	Iress
			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 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
			□Add
			□Remove
			□Change
			□Add
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E. Effect i	ve date, if other than the date of filing:(optional) extive 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)(1)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	d 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 ed.
Dated .	September 18 2023 Signature of a member or sutherized appropriation of a member
	desorr
	Signature of a member or authorized representative of a member
	MHERLEDY S GOFF

Typed or printed name of signee

* * * -