## U20US7UV

(Re	equestor's Name)	
(Ad	ldress)	
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,	,	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	





700427375967



## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
Dealbase	Pl - I I C		
SUBJECT: Bookkeepe	Name of Lim	ited Liability Company	
The englaved Astinlay of	Amendment and fee(s) are sub	mitted for filing	
		_	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony Solgard	Name of Person	
		Name of Person	
	Bookkeepers Plus		
		Firm/Company	
	1222 SE 47th St		
	1222 36 47(11 31	Address	<del></del>
	Cape Coral FL 33904	···	
		City/State and Zip Code	
	tony.solgard@bookkeepers	plus.us to be used for future annual report noti	ification)
U. Arab in C sion .			·····,
ror turther information c	oncerning this matter, please c	ait.	
Anthony Solgard		at (239) 443-5179	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is electrical)	(additional copy is enclosed)
<u>Mailing Addres</u>		Street Address:	
Registration S		Registration Se	ction
Division of C	3	Division of Cor	•
P.O. Box 632	' /	The Centre of 3	LaHahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bookkeepers Plus LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our recordenited Liability Company)	<u>r.</u> )
The Articles of Organization for this Limited Liability Com	pany were filed on 7/3/2012	and assigned
Florida document number L12000087404		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flo	orida
	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
AMBR	Karen Solgard	428 SW 35th St	■Add
		Cape Coral FL 33914	□Remove
			□Change
			□Add
		<del></del>	□Remove
			Change
			□ Remove
			□ Change
			□Add
			□ Remove
			Change
		□ Add	
			□Remove
			□Remove
			□Change

Effective date, if other than the date of filing:  (In a effective date, if other than the date of filing:  (In a effective 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 Note:  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The 90th day after the red is filed.  Dated April 9  2024  Signature (I) member or authorized representative of a member		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
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