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(Requi	estor's Name))
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PICK-UP	☐ WAIT	MAIL
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SECREPANY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

NODJEA, I.	FANTS AND BUSINESS ADV Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ryan King		
		Name of Person	······································
	Patriot Law 1.1.C		
		Firm Company	
	2631-A NW 41st Street		
		Address	
	Gainesville, FL 32696		
		City'State and Zip Code	
	reraig@aba-advisors.com	to be used for future annual report n	at the original to
For further information c	concerning this matter, please co		onneacony
Bill King		865 363 - 540	64
Name c	d Person	at () Area Code — Dayt	ime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy) (additional copy is enclosed)	LI S60.00 Filing Fee, Certificate of Status & Certified Copy fadditional copy is enclosed)
Mailing Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCOUNTANTS AND BUSINESS ADVISORS, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	,	
The Articles of Organization for this Limited Liability Company Florida document numberL13000058669	were filed on	04/22/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
ABA Business Advisors, LLC			
The new name must be distinguishable and contain the words "Limited Liab:	lity Company," the de	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			2022 DE
			参 5
Enter new mailing address, if applicable:	N/A		<u> </u>
(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 re	ecords, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
-	Emer Florida street address, Florida City Zip Code		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		• • •	

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.

4GR = . ? \MBR = .	Manager Authorized Member		
<u>ʻitle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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			□Remove
			□Change

□Change

N'	
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	January 1, 2023
H'an effec <u>Note:</u> H	e date, if other than the date of filing:
e record rd is file	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
Dated _	DECEMBER 1 2022
	\overline{D} \overline{V}
	Signature of Juember or authorized representative of a member
	Ryan King - Authorized Representative; Registered Agent
	Typed or printed name of signee

Filing Fee: \$25.00