HIH 000016419

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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S. CHATHAM DEC 20 2022

09/26/22--01015--007 **25.00



COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Co			
SUBJEC	Orderly Ac	counting, LLC		
SUDJEC	- I :	Name of Lim	nited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rei	turn all correspo	ondence concerning this matter	to the following:	
		Katelyn Ferro		
			Name of Person	
		 	Firm/Company	
		950 Johnson St		
			Address	
		Hollywood, FL 33019		
			City/State and Zip Code	
		katelyn.choo@gmail.com	to be used for future annual report	notification)
For furthe	er information c	oncerning this matter, please of	·	(NAME OF THE OF
Katelyn l	Ferro		954 303-8238 at ()	3
	Name o	f Person		time Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address	
	Registration S Division of C		Registration Division of C	
	P.O. Box 632			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orderly Accounting, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records. imited Liability Company))
he Articles of Organization for this Limited Liability Co.	mpany were filed on 1/30/14	and assigned
orida document number 1.14000016419	•	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
latie Ferro Holdings LLC		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		DIN DIN
Principal office address MUST BE A STREET ADDRE	ESS)	33.00 J.S.
		2 80:1-
nter new mailing address, if applicable:		1
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered of entire and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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>	Name	Address	Type of Action
			□Add
			☐ Change
			□Add
			□Remove
			: U Sh □ Changés C
			SECRETARY CONTROL STEEL
			□ □ □ Add SR/F □ SUS SUS SUS SUS SUS SUS SUS SUS SUS S
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			□Remove
			□Change

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Filing Fee: \$25.00