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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Cor			
	OUNTING SERVICES, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Serge Louis		
	<u></u>	Name of Person	
	LFG ACCOUNTING SER	VICES, LLC	
		Firm/Company	
	7971 Riviera Blvd Suite 32	.6	
		Address	
	Miramar, FI, 33023		
		City/State and Zip Code	
	support@zemfilings.com		
	E-mail address: ()	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	ıll:	
Serge Louis		954 451-1182	
Name o	(Person	at ()	e Telephone Number
Enclosed is a check for the	ha following amount:		
,		These on Pilling Pay &	□ \$60.00 Filing Fee.
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LFG ACCOUNTING SERVICES, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	1
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/28/2014	and assigned
Florida document number L14000051409		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Nouvo Accounting & Advisory, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	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)		
		, 5
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 th</u>	ie name of the new regis
Name of New Registered Agent:		
rame of frew regimered rigem.		
New Registered Office Address:	Enter Florida street address	
	Class	ido
	, Flor	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>	<u>Address</u>	Type of Action
MGR	Louis Financial Group, LLC	7971 Riviera Blvd Suite 326	□Add
		Miramar. FL 33023	■Remove
			🗀 Change
MGR	Synouvo Financial Group, LLC	7971 Riviera Blvd Suite 326	■Add
		Miramar, FL 33023	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			bbA□
			□Remove
			□Change

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