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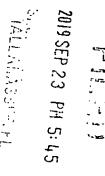
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## **COVER LETTER**

TO: Registration Division of G	n Section Corporations			
SUBJECT: <u>A</u>	11good Consultin	ng d Financi nicel Liability Company	al Servi	ces PLLC
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Deb	OCAN Eppers	<u> </u>	
	Ally and Ca	insulting 4 Fire Piran Company	rancial S	ernces, PLLC
	45 Pleasa	nt Aue Address		<del></del>
	<u>Brick</u>	い J (873 City/State and Zip Code	14	
	E-hall address: (	debt Camal. to be used for finure annual	-COM report notification	)
For further informatio	n concerning this matter, please ca	all:		
Det Nam	n Epperson	at ( <u>704</u> ) Area Code	Lo 81 – 411 Daytime Teleph	oone Number
Enclosed is a check fo	or the following amount:			
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		2 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL GOOD CONSULTING	4 FINANCIAL	SERVICES, PLLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on is /16 /	2014 and assigned
Florida document number <u>L140000 963 70</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
ALLGOOD ACCOUNTING 4 TAX The new name must be distinguishable and contain the words "Limited Linbil	SERVICES ity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2019
(Mailing address MAY BE A POST OFFICE BOX)		H TI
		ν (π
		P 11]
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our reco g:	ords, enter the mame of the new
Name of New Registered Agent:	and the state of t	
New Registered Office Address:		
	Faser Florida street ad	
ra-ter-to-ter-ter-ter-ter-ter-ter-ter-ter-ter-ter	City	Florida 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 Changing Registered Agent, Signature of New Registered Agent

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
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(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	9/15/19
	agnature of a member of authorized representative of a member
	Deburan Eppusin Typed or printed name of signee

Page 3 of 3

Filing Fce: \$25.00