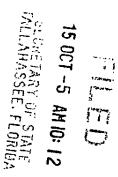
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COVER LETTER

 $\mathbf{G}^{(1)}$

TO: Registration Section Division of Corporations
SUBJECT: Accounting On The Go Florida LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas Langleben Namedoperson
Accounting On The Go Florida LLC Firm/Company
23/23 State RJ7 Suite 23 0C
Boca Raton FL. 33428
Boca Raton FL. 33428 City/State and Zip Code accounting on the gofforida @mail. com E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Douglas Langleben at (561) 929-3119 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solon Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Accounting On The	Go Florida LLC	
(<u>Nanfe of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on $09/18/2$ 2.32	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	······································	15 0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SSS 5
B. If amending the registered agent and/or regis	stered office address on our records, er	iter the name of the new
registered agent and/or the new registered office add	<u>tress here</u> :	10A
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 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 = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Wilma Medina	5397 Eagle Lake Drive Palm Beach Gardens	🗆 Add
		Palm Beach Gardens	Remove
		FL 33518	Change
			🗖 Add
		VRAN	□ Remove
			Change
			AHASSEE
			FIGATION CONTRACTOR CO
			□ Remove
			Change
			Add
			□ Remove
			Add
			□ Remove
			□ Change

ASS	_			_
Effective date, if other than the date of filing:	_	1		_
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Effective date, if other than the date of filing:	_			-
Effective date, if other than the date of filing:	-			_
Effective date, if other than the date of filing:	-		A. G	i.
Effective date, if other than the date of filing: (If an 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 the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated 09/29/2015	-			d
Effective date, if other than the date of filing: (If an 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 the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Dated 09/29/2015 Dated 09/29/2015	_		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	л }
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Olde			m the can	ici oi.
Olde	Datad	09/29/2015		
Signature of a member or authorized representative of a member	Dated			
Signature of a member or authorized representative of a member		- Collection		
		Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00