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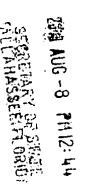
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COVER LETTER

Registration Section ...
Division of Corporations

TO:

4.			
SUBJECT: Account	ing Flow Consulting LLC	· · · · · · · · · · · · · · · · · · ·	
	Name of Lin	nited Liability Company	E.
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresc	ondence concerning this matter	to the following:	
	<u> </u>	2	
	Mario Rass		
	Wallo 1/833	Name of Person	
	Catalyst tax and cor	nsulting Firm/Company	
		rancompany	
	321 sw 11th street		<u>_</u>
		Address	
	Fort Lauderdale , FI 3	3315	
	1 010 20000000 , 1 7 0	City/State and Zip Code	<u> </u>
	mario.rass@catalyst	accountants.com	
	E-mail address: (to be used for future annual report nout	ication)
For further information	concerning this matter, please c	all:	
Mario Rass		at (954) 348-3969	
	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
	-	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
≥ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURI	
Registration Section		Registration Section Division of Corporation	
	on of Corporations Box 6327	Clifton Building	autio
	nassee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Accounting Flow Consulting LLC		
(Name of the Limited I	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
(7/1	riorida fillinted filatinty company)	To the second
The Articles of Organization for this Limited Liabi	lity Company were filed on 12/04/2015	5 and assigned
Florida document number L15000203233	·	3
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	IDDKENI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	-	ords, enter the name of the n
Name of New Designand Avent		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered 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 ador removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RASS, JEREMIAH		□ Add
		6254 SEVEN SPRINGS BLVD UNIT B GREENACRES, FL 33463	_ ☑ Remove
			Change
MGR_	RASS, MARIO	6254 SEVEN SPRINGS BLVD UNIT B GREENACRES, FL 33463	_ ⊿ Add
		□ Remove	
			Change
			🖸 Add
			_□ Remove
		_D Change	
			_□ Add
		_□ Remove	
			_ Change
			_🗀 Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change

D. If emending any other information	n, enter change(s) here: (Attac	h additional sheets, if necessary.)
		
 		
<u></u>		
	· · · · · · · · · · · · · · · · · · ·	
		
	<u></u>	
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of does not meet the applicable statu	(optional) filing or more than 90 days after filing) Pursuant to 605.0207 (3 story filing requirements, this date will not be listed as the
If the record specifies a delayed el (b) The 90th day after the record		ective time, at 12:01 a.m. on the earlier of:
Dated August 8th	2019	
Sig	mature of a member or authorized repr	esentative of a member
Mario Rass	1	JEREMIAH RASS
	Evped or printed name of	signee

Page 3 of 3

Filing Fee: \$25.00