(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE		kkeeping LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Andrea Bernal		
			Name of Person	
		All Pro Bookkeeping LLC		
			Firm/Company	<u> </u>
		4523 Kennewick Place		
Divisi A SUBJECT: The enclosed A Please return al For further info			Address	
		Riverview, FL 33578		
		_	City/State and Zip Code	
		andrea@probooksllc.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Andrea	Bernal		407 4321768 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 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 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

2017 MAR-6 AM 11: 04
FALLAHASSEE. FLORIDA

All Pro Bookkeeping LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Lillinea	Liability Company)	* FLORIE
The Articles of Organization for this Limited Liability Company Florida document number L16000067681.	y were filed on <u>04/05/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4523 Kennewick Place	
(Principal office address MUST BE A STREET ADDRESS)	Riverview, FL 33578	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL 33578	
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		rds, enter the name of the n
Name of New Registered Agent: Andrea Bernal		
New Registered Office Address: 4523 Kennewi		
	Enter Florida street ada	
Riverview		Florida 33578
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Todd Maddex	13206 Royal George Ave	Add
		Odessa, Fl 33556	■ Remove
			Change
			Add
		1.00.00.000.000.000.000.000	Remove
			Change
			ASSECUTED TO
			Remove \
	•		Charles C
			☐ Remove
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f an ef 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 90 th day after the record is filed.
ated	aludrea Benal.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00