## 116000102020

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SEP 28 2016

## **COVER LETTER**

	Registration Se Division of Cor			
SURIFC	Angela Yon	ige, LLC		
SOBSEC		Name of Limit	ed Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please ret	turn all correspo	ndence concerning this matter to	o the following:	
		Angela Yonge		
For further Angela Y			Name of Person	
		Angela Yonge, LLC		
			Firm/Company	
		4195 Lazy Acres Rd		
			Address	
		Middleburg, FL 32068		
			City/State and Zip Code	
		angela@acornbookkeepingus E-mail address: (to	be used for future annual report notification	ation)
For furth	er information c	oncerning this matter, please cal	II:	
Angela Y	Yonge		904 600-3450 at ()	
	Name o	f Person	Area Code Daytime T	Telephone Number
Enclosed	l is a check for th	he following amount:		
\$25.0	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

Angela Yonge, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 05/25/2016	and assigned
Florida document number L16000102020		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Acorn Bookkeeping USA, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		16
		SEP
Enter new mailing address, if applicable:		₽ ~
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or register	red office address on our recor	$\Xi$ $\infty$ ds, enter the name of the new
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	vss
	г	Florida
	City , r	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

MGR = N MBR = A	Aanager Authorized Member		
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an effect	tive date is listed, the	date must be specific a	ind cannot be price	r to date of filing o	r more than 90 days a	after filing.) Pursuant to 6	05.02
locumen	it's effective date	on the Department of	t meet the appit f State's record:	cable statutory ii s.	ling requirements,	this date will not be li	sted
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Filing Fee: \$25.00