16000186557

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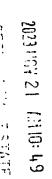
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COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUD IEZ		ective, LLC		
SUBJEC				
The enclo	osed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		Mason Cisneros		
			Name of Person	•
		Burnett and Associates, In	c	
		-	Firm/Company	•
		9441 Double Diamond Pa	rkway, Suite 11	
			Address	
		Reno, NV 89521		
			City/State and Zip Code	
		mason@burnettandassociat		, <u>~</u>
For furthe	er information	E-mail address: (concerning this matter, please c	to be used for future annual report notification)	2023 110Y
Mason C	isneros		877 836-9691	121
-	Name o	of Person	at () Area Code Daytime Telephone Number	WHID: 49
Enclosed	is a check for t	the following amount:		T 3174
≡ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
! 1	Mailing Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Audit Detective, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10-07-2016 ____ and assigned Florida document number L16000186557 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new-registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida Cirv

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	Laura Thompson	2081 SHADY REST RD	
		HAVANA, FL 32333	□Remove
			□Change
			□ Add
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fective date, if other than the date an effective date is listed, the date must be spoote: If the date inserted in this block document's effective date on the Department.	es not meet the app	licable statutory fi	more than 90 days after filing ling requirements, this dat	2.) Pursuant (d) e will not be l	605 (130 isted a
record specifies a delayed effective date, is filed.	but not an effective	e time, at 12:01 a.n	i. on the earlier of; (b) T	he 90th day a	fter the
November 16	2023	·			
.2 1/	#				
10-lar ///1	4 /t ure of a member or au				

Filing Fee: \$25.00