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Special Instructions to	Filing Officer:	
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S. ROBERTS MAY 11 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations	
oub incom.	ULERY AC	CCOUNTING SERVICES, LL	.C
SUBJECT:		Name of Lim	ited Liability Company
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return	all correspo	ndence concerning this matter	to the following:
		Judy Ulery	
			Name of Person
		ULERY ACCOUNTING S	SERVICES, LLC
	Firm/Company		Firm/Company
		516 HUMPHRIES RD	
			Address
		SAFETY HARBOR, FL 3	4695
			City/State and Zip Code
		judy.ulery@gmail.com	
			to be used for future annual report notification)
For further in	nformation co	oncerning this matter, please ca	all:
Judy Ulery			303 547-4830
	Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is a	check for th	ne following amount:	
≥ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section
		orporations	Division of Corporations
Э.Ч). Box 632	1	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

__, Florida ___

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
			□Add
			□ Remove
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fecti	ve date, if other than the date of filing: (optional) ctive 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 605.02
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocume	ent's effective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	March 20 7073
	March 20, 2023
_	
_	Signature of a member or authorized representative of a member

Filing Fee: \$25.00