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(Red	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: Accounting	2 Express & Busin Manne of Limited Liability Compar	ness Services LLC
The enclosed Articles of Amendment and for	ee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
	Pedeo Fel	Bles
-	Name of Perso	on
	Firm/Compan	
44	OF/ORIDA Blud Address Macin FL 3. City/State and Zip Pebles 1217 @ gmanail address: (to be used for filture a	Unit C
	Main FL 3.	3/4/4 Code
lize	Pebles 1217@gmanail address: (to be used for future a	ail. Com unnual report notification)
For further information concerning this mat		
Pedro Febles Name of Person	at (<u>78 G</u> Area Code	Daytime Telephone Number
Enclosed is a check for the following amou	nt:	
		py Certificate of Status &

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**

Angountain Example	Business Services, CCC 12-12-12 Company as it now appears on our records.) mited Liability Company)
(Name of the Lighted Liability	Company as it now appears on our records.)
(A Florida Li	2001 100 A 11: 24
The Articles of Organization for this Limited Liability Com	1-1-0
Florida document number <u>L 18000036912</u>	据企业ANAG 000000 (1) (1)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
	N/A
The new name must be distinguishable and contain the words "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 ADDRE	<u> </u>
	. /-
Enter new mailing address, if applicable:	<i>N/A</i>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new
registered agent and/or the new registered office address	
	/2
Name of New Registered Agent:	<i>N/H</i>
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zin Code
New Registered Agent's Signature, if changing Registered A	,
	
provisions of all statutes relative to the proper and com accept the obligations of my position as registered ager being filed to merely reflect a change in the registered	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Corlos Gonzalez	440 Florida Blud Unit C	bX Add
		440 Florida Blud Unit C Kliam FZ 33144	Bemove
			Change
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
	•		Change
			Add
			Remove
			□ Change

	Amending for add MGR name Coxlos Gonzalez
•	The the state of t
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•	
f an ef Note:	ive date, if other than the date of filing: S / 1 / 9 (optional)
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	May 1 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00