## L18000217610

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
aun ir om	David on Eiro	11 C.	
SUBJECT:	Daryl on Fire Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	~	1 N. J.S	
	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	Name of Person	
	No. 10.1	- F:co 11C	
	Layi	Firm/Company	
	42.22 22	2nd Ave 5, 5309	23
		Address	
	St. Peter	Sburg, FL 33711 City/State and Zip Code	
		City/State and Zip Code	<del></del>
	darylon	Fire@iclaud.com to be used for future annual report noti	
			fication)
For further information of	oncerning this matter, please ea		
Daryl		at (727) 490 Area Code Daytim	- 8515
	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
回 \$25.00 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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of 1	
		, = <b>,</b> .	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daryl on Fire LLC					
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appear ompany)	s on our records.)			
The Articles of Organization for this Limited Liability Company were fill lorida document number <u>L18000217610</u> .	ed on	09/08/18		and a	ssigned
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability con	npany he	re:			
Automated Accounting LLC					
he new name must be distinguishable and contain the words "Limited Liability Comp	any," the d	esignation "LLC" or the a	bbrev	iation "	L.L.C."
Inter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)	<del></del>		<u>:2</u> 2	20.	<del></del>
		<u>,</u> ,,	<i>(</i> =)	20 D	
			- ]	EC	- ;
nter new mailing address, if applicable:		,	•	-7	
Mailing address MAY BE A POST OFFICE BOX)	<u>-</u> -		ā.	A	111
running duaress 1971 DE ATOST OFFICE DOA			<i>5</i>	<u></u>	· (-, -, -, -, -, -, -, -, -, -, -, -, -, -
			•:	<u> </u>	
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our r	ecords, <u>enter the nar</u>	<u>ne of</u>	the n	ew regis
Name of New Registered Agent:				· <del>-</del>	
New Registered Office Address:				<del></del>	
	Enter Flor	rida street address			
		, Florida			
City			7	ip Cod	ď

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
			□ Add
			□Remove
<del></del>			□Add
			□Remove
			Change
			□ Add
			□Remove
		<del></del>	
			□Add
		<del> </del>	□Remove
		<del>-</del>	Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change

	Jurpose of business is to help local businesses
S	Surpose of business is to help local businesses treamline their accounting functions and save
~	noney on administrative duties.
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(If an effec <u>Note:</u> If	e date, if other than the date of filing:
he record ord is filed	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 1.
Dated _	December 1st 2020
	Signature of a member or authorized representative of a member