L18000217957

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COVER LETTER

TO:	Registration Se Division of Cor					
erin ir.	A-1 Books	, LLC				
SUBJE	(. I :	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Lorraine Sarfati				
	Name of Person					
	A-1 Books, LLC					
Firm/Company						
	Address West Park, FL 33023					
City/State and Zip Code						
		Lorraine.sarfati@yahoo.com				
		E-mail address: (to be used for future annual report notif	ication)		
For furth	her information c	oncerning this matter, please co	all:			
Lorrain	e Sarfati		305 205-0665			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	ne following amount:				
₩ \$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:

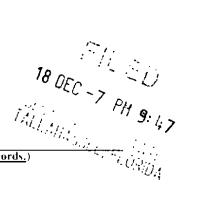
Registration Section Division of Corporations P.O. Box 6327

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



A-1 Books, 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 Comp	any were filed on $\frac{9/13/1}{2}$	8 and assigned	
Florida document number L18000217957			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
Blackbird Accounting, LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ir records, enter the name of the nev	
New Registered Office Address:			
	Enter Florida	street address	
		Florida	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my as provided for in Cha	duties, and I am familiar with and per 605, F.S. Or, if this document is	

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: 18 DEC -7 PH 9: 47 Type of Action MGR = Manager AMBR = Authorized Member Address **Title** <u>Name</u> _□ Remove _□ Change _□ Add _□ Remove __ Change _**D** Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove _ Change

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(H'an effe <u>Note:</u> i	ce 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 tiling or more than 90 days after filing.) Pursuam to 605.0207 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	ord 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	·
	Signature of a member or authorized representative of a member
	Lorraine Sarfati
	Typed or printed name of signee

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Filing Fee: \$25.00