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LCC N/c Amend



A. RAMSEY SEP -1, 2023

COVER LETTER

TO: Registration S Division of Co			•
	ACCOUNTING & TAX SERV	ICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	VLADINE JUNIOR LOR	MIL	
		Name of Person	
		Firm/Company	
	9551 BRADSHAW LANE		
	<u></u>	Address	
	TAMARAC, FLORIDA 3	3321	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	LORMILV@LORMILACO		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please co	all:	
VLADINE JUNIOR LO	DRMIL	754 259-8814	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration	Section Corporations	Registration Se Division of Co	
P O Box 63	•	The Centre of 1	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG 14 PM 1: 12

LORMIL ACCOUNTING & TAX SERVICES, 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 01/24/2019	and assigned
Florida document number L19000025480		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
LORMIL & SCAFE TAX & ACCOUNTING LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	177	
(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 a	nddress on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address here:		
N. C.N Decisional Asset		
Name of New Registered Agent:		
New Registered Office Address:	n n n	
	Enter Florida street address	
49-1999	, Flor	
	City	Zip Code

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 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>	Name	Address	Type of Action
			□Remove
			□Add
			□Remove
		<u> </u>	
			🗀 Add
			□Remove
			□Change
			□ Remove
		 	Change
		<u> </u>	
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change

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If an et Note:	ive date, if other than the date of filing:
e reco rd is fi	d 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 led.
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00