## L19000057865

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## COVER LETTER

TO: Registration Sc Division of Cor		.,	-
IRYS ACC	OUNTING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Daytime Telephone Number  S60.00 Filing Fee,  Certificate of Status & Certified Copy  Certified Copy  Certified Copy			
Please return all correspo	ondence concerning this matter	to the following:	
	IRYNA TEIXEIRA		
		Name of Person	
	IRYS ACCOUNTING LL	C	
	<del></del>	Firm/Company	
	1903 N HERCULES AVE		
		Address	<del></del>
	CLEARWATER, FL 3376	3	
		·	
		=	ation)
For further information e			
IRYNA TEIXEIRA		727 241-9760	
Name o	f Person	Area Code Daytime T	'clephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address		Street Address:	an.

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRYS ACCOUNTING LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.19000057865	any were filed on 02/27/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LI.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	0	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	-ida
<del></del>	Chy	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 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>	<u>Address</u>	Type of Action
AMBR	JOSEPH SAMMARCO	602 MEHLENBACKER RD	
		BELLEAIR, FL 33756	■Remove
			□Change
			□Add
			□Remove
			☐ Change
			∏Add
			□Change
	<u> </u>	····	□Add
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fective date, if other than the dat	09/29/2023		(optional)	
in effective date is listed, the date must be a	specific and cannot be prior	to date of filing or more th	an 90 days after filing.) Pu	ersuant to 605.02
ote: If the date inserted in this block ocument's effective date on the Depar			uirements, this date wh	t not be fisted
ecord specifies a delayed effective da	ate, but not an effective tir	ne, at 12:01 a.m. on the	e earlier of: (b) The 9	0th day after tl
is filed.				
SEPTEMBER 9TH	2023			
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	Tryna enature of a member, or author	- Tixeira	/ HMBR	<u> </u>

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Filing Fee: \$25.00