

L19 000 101608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

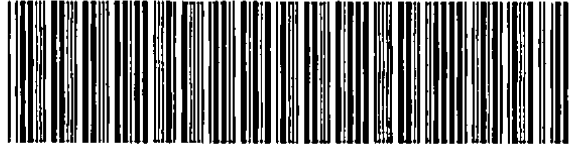
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2/19/21

Registration Section  
Division of Corporations

CT: Ficsori Consulting LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Return all correspondence concerning this matter to the following:

Frank Ficsori

Name of Person

Ficsori Consulting LLC

Firm/Company

5245 Office Park Blvd. Suite 101

Address

Bradenton, FL 34203

City/State and Zip Code

ficsoribookkeeping@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For information concerning this matter, please call:

Ficsori 941 780-4662  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ 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 Address:

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

TO  
ARTICLES OF ORGANIZATION  
OF

Ficsori Consulting LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 04/22/2019 and assigned  
a document number L19000101608.

A amendment is submitted to amend the following:

**amending name, enter the new name of the limited liability company here:**

i Accounting LLC

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**new principal offices address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS**

**new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

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TALLAHASSEE, FL

**amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

5245 Office Park Blvd. Suite 101

*Enter Florida street address*

Bradenton

*City*

, Florida 34203

*Zip Code*

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

oved from our records:

= Manager

= Authorized Member

Name

Address

Type of Action

☐ Add

☐ Remove

☐ Change

☐ Add

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ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

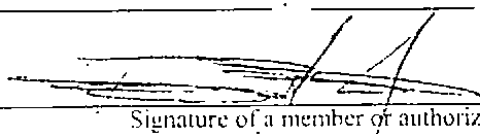
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Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If the effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
document's effective date on the Department of State's records.

Record 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  
document is filed.

January 5, 2021



Signature of a member or authorized representative of a member

Frank Ficsoni

Typed or printed name of signee