## 19000131844

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(Requ	estor's Name)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
suriect: <u>Acco</u>	untAbility Book Name of Limi	S, LLC ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	As	Name of Person	
		Firm/Company	·
	214 Hickory D	Address	
	Longwood, Fl	32779  City/State and Zip Code  Untabilityfinance o be used for future annual report notif	<del> </del>
	ashley@acco	untabilityfinance o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ıll;	
Ashley Wils	O Person	at (407) UZO - ( Area Code Daytime	>\0\8 : Telephone Number
Enclosed is a check for t	he 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:

TO:

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

Name of the Umited Liability Company	v as it now appears o	n our records.)	<del></del>	
(Name of the Umited Liability Compan (A Florida Limited Liability Compan)	ability Company)	<u> </u>		
The Articles of Organization for this Limited Liability Company v	vere filed on	5/15/19	and assig	ned
Florida document number <u>L19000131844</u> .		,	_	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here	•		
Account Ability Finance, LLC The new name must be distinguishable and contain the words "Limited Liability				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the desig	gnation "LLC" or the abbi	reviation "L.L.	C."
Enter new principal offices address, if applicable:		<del></del>		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>		
Enter new mailing address, if applicable:			20 9	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>	· · · · · ·	
			<u>.</u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off	ice address on o	ur records enter t	he name of	the n
registered agent and/or the new registered office address here:	ec address ou o	ar records, enter a	ن در	<u>`~.</u>
			=	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
<u> </u>		, Florida		
	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 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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if on the life of the life of the life date in the date in the document's effective of the life of	serted in this block of	does not meet the a	applicable statutory	or more than 90 day	(optional) is after filing.) Pursua is, this date will no	nt to 605 t be list
ne record specifi The 90th day a	ies a delayed eff after the record	fective date, build is filed.	ut not an effect	ive time, at 12	:01 a.m. on the	e earli
Dated <u>July</u>	15+	20	<u>,19</u> .			
		( Delabor	INT DOOR			
	Sign	nature of a memberlo	or authorized represen	tative of a member		<del></del>

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Filing Fee: \$25.00