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(Re	equestor's Name)	· <u></u>
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S. YOUNG

COVER LETTER

TO:

Registration Section

Division of Co	rporations	•	**		
	D ACCOUNTING & BOOKK	EEPING SERVICES, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
		-			
riease return all corresp	ondence concerning this matter	to the following:			
	BRANDON GIPSON				
		Name of Person			
		Firm Company			
	385 SCHOOLHOUSE LANE				
		Address			
	MERRITT ISLAND, FL. 3	32953			
	BR.GIPSON86@GMAIL.C	City/State and Zip Code			
		to be used for future annual report not	ification)		
For further information	concerning this matter, please c	all:			
BRANDON GIPSON		321 557-4323			
Name	of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for a	the 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 Addre	-	Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 63	-	The Centre of	•		
Tallahassee			vo Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEDWARD ACCOUNTING & BOOKKEEPING 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 v	were filed on JULY 29, 2019	and assigned.
Florida document number L19000192393		and assigned.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
UNIVERSAL BOOKKEEPING FIRM, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or i	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · ·
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
The second secon		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	n
	City	aZip 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

Title	<u>Name</u>	Address	Type of Action
			Remove
			Change

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			Change
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	ock does not me	et the applical	date of filing or de statutory fili	more than 90 days ng requirement	optional) after filing.) Pursu s, this date will n	ant to 605,0207 (3) of be listed as the
he record specifies a delayed effectivord is filed.	re date, but not a	n effective tim	e, at 12:01 a.m	. on the earlier (of: (b) The 90th	day after the
Dated JULY 16	•	2020	_ ·			
	handa Signature of a me	Lpa-	and representative	e af a member		
D 1 2"	organization a like	ena er om amagg	aca representati	e sa a memoer		
Brandon Gipson						