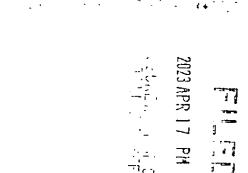
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Office Use Only



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Y. SCOTT JUN - 3 2023

COVER LETTER

TO:	Registration So Division of Cor			*	,	
CHDIE		CCURATE BOOKKEEPING	SERVICES, LLC	•		
SUBJEC	SUBJECT: Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ro	eturn all correspo	ondence concerning this matter	to the following:			
		WIDELIE CHERY				
			Name of Person		202	
		QUICK+ACCURATE BO	OOKKEEPING SERVICES, LLC		2023 APR 17	
			Firm/Company		= 1	
		71 HUMMINGBIRD CT			7 PH 3: 28	
	Address				် ^က ်လ ယူ ်	
	PALM COAST			26		
		FLORIDA, 32164	City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,	a.	
			to be used for future annual report not	fication)		
For furth	ner information c	oncerning this matter, please c	all:			
WIDEL	IE CHERY		386 341-0040			
	Name o	f Person		e Telephone Numbe	r	
Enclosed	d 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)	Certified	ite of Status &	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction			
Division of Corporations		Division of Co	rporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of		210		
		2415 N. Monro	e Street, Suite 8	51U		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUICK#ACCURATE 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 L	iability Company	were filed on $\frac{10/16/202}{}$	and assigned	
Florida document number L19000259958 This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
QUICK&ACCURATE MULTISERVICE, LLC			2023 5 J.	
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the designati		
Enter new principal offices address, if applicable:		71 HUMMINGBIRD (cr Z	
(Principal office address MUST BE A STREE	TADDRESS)	PALM COAST, FL 32	1164	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		71 HUMMINGBIRD CT PALM COAST, FL 32164		
B. If amending the registered agent and/or ragent and/or the new registered office addressed agent: Name of New Registered Agent:	*, *		s, enter the name of the new registe	
	71 HUMMING	RIRD CT		
New Registered Office Address:		Enter Florida stre	vet address	
	PALM COAST , F		, Florida 32164	
	··· /	Ciţy	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>	Address	Type of Action
			🗆 🗅 Add
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			□Change
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: $\frac{04/01/2023}{1}$ Note: 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. If the 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 record is filed. Dated ___ Widely My Signature of a member or authorized representative of a member

Filing Fee: \$25.00