## L20000048363

Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FI

O SIMMONS APR 2 1 2022

## **COVER LETTER**

TO:	Registration Se Division of Cor		•				
eun ie	Lindstrom	Tax & Business Services PLLC	,				
SUBJE	CI:	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		Tiffani Lindstrom					
			Name of Person	<del></del>			
		Lindstrom Tax & Business	s Services PLLC				
			Firm/Company	<del></del> -			
		4767 New Broad Street, #1069					
		Address					
		Orlando FL 32814					
		<del>,</del> .					
		tlindstrom@Lindstrom-CP/					
		E-mail address: (	to be used for future annual report not	fication)			
For furt	her information e	oncerning this matter, please c	all:				
Tiffani	Lindstrom		407 788-6898				
	Name o	f Person	Area Code Daytim	ne Telephone Number			
Enclose	d is a check for th	nc following amount:					
<b>■</b> \$25	i.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 Addres		Street Address:				
	Registration S		Registration Se				
	Division of C	Corporations	Division of Co.	rnorations			

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT ED TO

## ARTICLES OF ORGANIZATION AM 7: 08

Lindstrom Tax & Business Services PLLC

If Changing Registered Agent, Signature of New Registered Agent

& Business Services PLLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 O	Company were filed on $\frac{02/11/}{2}$	2020 and assig	ned
Florida document number L20000048363	·		
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 Liability Company," the designation "LLC" or 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:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
agent and/or the new registered office address here:		rds, enter the name of the new	<u>registered</u>
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florida	street address	<del></del>
		Ulorida	
<del></del>	City	Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:	designation "LLC" or the abbreviation "L.L.C."  records, enter the name of the new registered  prida street address	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my agent as provided for in Cha red office address, I hereby o	duties, and I am familiar with pter 605, F.S. Or, if this docum	and ient is

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Fredrik Lindstrom	2240 Osprey Ave	■Add
		Orlando, FL 32814	□Remove
			□Change
		<del></del>	
			Remove
			□Change
			□Add
			Remove
			□Change
	<del></del>	-	□Add
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ecti	ve date, if other than the date of filing: (optional)
	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
	d 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
s fil	ed.
	Maril 21 2177
led .	
	MANCH 21, 202
	Signature of a member or authorized representative of a member
	Tiffani Lindstrom
	THIAN LINGSOOM

Filing Fee: \$25.00