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| (Requestor's Name) |
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COVER LETTER

| (additional copy is enclosed) Certified Copy | | stration Sec sion of Corp | | | | |
|---|--------------------------|------------------------------|---------------------------------|-------------------------|---------------------------------------|--|
| Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sonia Fanoo | | Accountants | Onboard, LLC | • | | |
| Sonia Fanou Name of Person | SUBJECT: Name of Lim | | | ited Liability Company | | |
| Sonia Fanou Name of Person | The enclosed . | Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Name of Person Accountants Onboard, LLC Firm/Company 498 Iron Forge Ct Address Royal Palm Beach, FL 33411 City/State and Zip Code sfanou264@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou 407 733-5387 at (| Please return a | all correspon | dence concerning this matter | to the following: | | |
| Accountants Onboard, 1.1.C Firm/Company 498 Iron Forge Ct Address Royal Palm Beach, FL 33411 City/State and Zip Code sfanou264@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou 407 733-5387 at (| | | Sonia Fanou | | | |
| Firm/Company 498 Iron Forge Ct Address Royal Palm Beach, FL 33411 City/State and Zip Code sfanou264@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou 407 733-5387 Nume of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escanda Sonia Fanou Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certificate Copy Certified Copy | | | | Name of Person | | |
| Address Royal Palm Beach, FL 33411 City/State and Zip Code sfanou264@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou Name of Person Area Code Tat (| | | Accountants Onboard, LLG | | | |
| Royal Palm Beach, FL 33411 City/State and Zip Code sfanou264@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou at (Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{c} \text{S25.00 Filing Fee} \text{ \$\Begin{array}{c} \text{S30.00 Filing Fee} \text{ \$\Begin{array}{c} \text{Certified Copy} | | | | Firm/Company | · | |
| Royal Palm Beach, FL 33411 City/State and Zip Code sfanou264@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou 407 733-5387 at (| 498 Iron Forge Ct | | | | | |
| City/State and Zip Code sfanou264@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou at (| | | | Address | | |
| Sonia Fanou E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou 407 733-5387 at (| Royal Palm Beach, FL 334 | | | н | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sonia Fanou 407 733-5387 at (| | | | City/State and Zip Code | | |
| For further information concerning this matter, please call: Sonia Fanou | | | • | | · · · · · · · · · · · · · · · · · · · | |
| Sonia Fanou Acea Code Daytime Telephone Number | | | | | ort notification) | |
| Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Area Code Daytime Telephone Number Daytime Telephone Number S60.00 Filing Fee, Certified Copy Certificate of Status Certified Copy Certified Copy | For further inf | formation co | ncerning this matter, please ca | all: | | |
| Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Area Code Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number Certified Copy Certified Copy Certified Copy Certified Copy | Sonia Fanou | | 407 733-5. | 387 | | |
| ■ \$25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) | | Name of | Person | Area Code | Daytime Telephone Number | |
| Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy | Enclosed is a | check for the | following amount: | | | |
| | ■ \$25.00 Fi | ling Fee | | Certified Copy | Certificate of Status & | |
| Mailing Address: Registration Section Street Address: Registration Section | | | | | | |
| Division of Corporations Division of Corporations | _ | | | Division o | _ | |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 | | | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Accountants Onboard, LLC | | |
|---|--|---------------------------------------|
| (A Florida Limit (A Florida Limit | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 05/11/2020 | and assigned |
| Florida document number 1.20000126178 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited 1 | iability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | 2 | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered offi | ice address on our records, <u>enter the na</u> i | ne of the new registo |
| agent and/or the new registered office address here: | | |
| | | · · · · · · · · · · · · · · · · · · · |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | ÷ 1 |
| | Enter Florida street address | C. |
| | , Florida | |
| | Cay | Zip Códe |
| New Registered Agent's Signature, if changing Registered Age | ent: | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------------|----------------|
| AR | Joseph Alvarez | 10027 SW Newberry Avenue | □Add |
| | | Port Saint Lucie, FL 34987 | ■Remove |
| | | | □Change |
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| Effective date, if other than th | e date of filing: | | (optional) |
| | plock does not meet the appl | icable statutory filing requi | 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as |
| ne record specifies a delayed effecti ord is filed. | ve date, but not an effective | time, at 12:01 a.m. on the ϵ | earlier of: (b) The 90th day after the |
| Dated February 03 | 2021 | | |
| | 7 | | |
| | | | |

Typed or printed name of signee