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(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

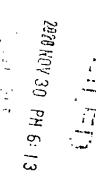
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COVER LETTER

Div	ision of Cor	porations		
aus in co	Change nan	ne of LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	n all correspo	ndence concerning this matter	to the following:	
		Sheryl Raffensberger		
			Name of Person	
	Name of Person Sissy's Bookkeeping Services, LLC Firm/Company 108 Contee Drive Address Lehigh Acres, FL 33936 City/State and Zip Code sissysbookkeepingservices@gmail.coms E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: eryl Raffensberger 352 266-6168 at (Area Code Daytime Telephone Number closed is a check for the following amount: S255.00 Filing Fee Scotling Fee Scotling Fee Scotling Fee Certificate of Status Certified Copy (additional copy is enclosed)			
		108 Contee Drive		
			Address	
		Lehigh Acres, FL 33936		
			Name of Limited Liability Company Endment and fee(s) are submitted for filing. Ince concerning this matter to the following: Sheryl Raffensberger Name of Person Sissy's Bookkeeping Services, LLC Firm/Company 108 Contee Drive Address Lehigh Acres, FL 33936 City/State and Zip Code Incompany City/State and Zip Code Incompany E-mail address: (to be used for future annual report notification) Incompany The firm of Person Sissy's Bookkeeping Services, LLC Firm/Company 108 Contee Drive Address Lehigh Acres, FL 33936 City/State and Zip Code Incompany The firm of Person Sissy's Bookkeeping Services, LLC Firm/Company Address Lehigh Acres, FL 33936 City/State and Zip Code Incompany The firm of Person Sissy's Bookkeeping Services, LLC Firm/Company Address Lehigh Acres, FL 33936 City/State and Zip Code Incompany The firm of Person Sissy's Bookkeeping Services, LLC Firm/Company Address Lehigh Acres, FL 33936 City/State and Zip Code Incompany The firm of Person Sissy's Bookkeeping Services, LLC Firm/Company Address City/State and Zip Code Incompany Incompany	
				ication)
For further i	nformation co			,
Sheryl Raffe	ensberger			
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Ma</u>	niling Addres	<u>s:</u>	Street Address:	Alan

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sissy's Bookkeeping Services, LLC		
(Name of the Limited Liabil	ity Company as it now appears on our records. a Limited Liability Company))
(A riona	а Сиппес Ставиту Сотрану)	المن المن المن المن المن المن المن المن
The Articles of Organization for this Limited Liability C	Company were filed on June 29, 2020	and assigned.
Florida document number L20000181586		if O
Torida document namoer	 ·	· • • • • • • • • • • • • • • • • • • •
This amendment is submitted to amend the following:	iment number 120000181380	
S		<u>ن</u> -
A. If amending name, enter the new name of the lim	nited liability company here:	
Small Business Bookkeeping Services, LLC		~
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Trincipal office address Moor DE MORREDI MEDI	<u></u>	
r		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere	ed office address on our records, <u>enter t</u>	<u>he name of the new registered</u>
agent and/or the new registered office address here:		
Name of New Pagistand Agents		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Fiduless.	Enter Florida street address	
	, Flo	rida
	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 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
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ote: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1	isted a
ocument's e	effective date on the Department of State's records.	
record spec	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
is filed.		
	2020	
ated	mber 26 2020 · · · · · · · · · · · · · · · · ·	
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_	Sker (& Mangar II)	
_	Signature of frember or aythorized representative of a member	

Filing Fee: \$25.00