L2000223067

(Requestor's Name)
(itequesions maine)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700433575277

07/25/24--01012--003 **25.00



07/25/24

COVER LETTER

	stration Sec ion of Corp			
	ACCEŞS AN	MERICAS LLC		
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return a	ali correspon	dence concerning this matter t	to the following:	
		MARTHA E GARZON		
			Name of Person	
		ACCESS AMERICAS LLO	C	
			Firm/Company	-
		4700 SHERIDAN ST		
			Address	-
		HOLLYWOOD, FL 33021		(*)
			City/State and Zip Code ' C	- · · ·
		ACCESSAMERICASINFO	@GMAIL.COM to be used for future annual report notification)	An.
For further in	formation co	oncerning this matter, please ca	· // //:	
MARTHA E	GARZON		954 4173008	FI 3: 3:
	Name of	Person	Area Code Daytime Telephone Number	r
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
	ling Address		Street Address:	
	istration S	Section orporations	Registration Section Division of Corporations	
	Box 632	•	The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCESS AMERICAS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	<u>-</u>)
The Articles of Organization for this Limited Liability Company	were filed on 07/28/2020	and assigned
Florida document number 1.20000223067		
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ACCESS AMERICAS FINANCIAL SERVICES LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4700 SHERIDAN ST SUITE J	
Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33021	
· · · · · · · · · · · · · · · · · · ·		, ,
	Market 11 4	· · ·
		250
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>, το το το</u>
		- Έ≥ ω
B. If amending the registered agent and/or registered office :	address on our records, enter (m N the name of the new regis
gent and/or the new registered office address here:	, 	
Name of New Registered Agent:		
Tame of from Registered Figure.		
New Registered Office Address:	y- y-y	
	Enter Florida street address	i de la companya de
		orida
	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
$\Delta MRR =$	Authorized Member

Title	Name	Address	Type of Action
		<u> </u>	🗆 Add
			□Remove
			Change
			□ Add
		□Remove	
			□Change
			□ Add
		Remove	
			☐ ☐ Change
			<u>-¹:</u> □Add
			⊇ □ Remove
			ム ○ □Change
			🗆 Add
			□Remove
			🗆 Change
			□Add

□Remove

	ter change(s) here: (Allach waamonal sh	reis, y necessary.)	•
	······································	······································		•
	,			
	· · · · · · · · · · · · · · · · · · ·		<u></u>	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
				
			-	#10 427
				am C_
		-		PN 5
			<u> </u>	<u> </u>
				P#
	·		F. 727	<u> </u>
fective date, if other than the date of n effective date is listed, the date must be speci		ate of filing or more than	(optional)	roinn to 605 0
te: If the date inserted in this block does current's effective date on the Department	not meet the applicable			
current s effective date on the Departmen	torolate a records.			
ecord specifies a delayed effective date, b is filed.	it not an effective time,	at 12:01 a.m. on the c.	arlier of: (b) The 90	th day after the
-T , with	<u>, 2024.</u>			
	, <u>2024.</u>			

Typed or printed name of signee