## haccoco a 38399

(Red	questor's Name)			
(Ado	dress)			
(Address)				
(City	y/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	Q. SILAS			
M.A	AR 10 2012 3/11/22			

Office Use Only



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2022 MAR | | AM | |: 40

SECRETARY OF STATE TALLAHASSEE, FL

March 2, 2022

JACQUELYN SINGLETON 3011 BUCIDA DR. SARASOTA, FL 34232

SUBJECT: LIGHTNING TRADES LLC

Ref. Number: L20000238395

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00005061

Querida R Silas Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT: Lightning T	rades LLC		
outside in the second		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jacquelyn Singleton	N. Ch	
		Name of Person	
	Lightning Trades LLC	Firm/Company	
	3011 Bucida Dr.	Address	<del></del>
	Sarasota, Fl 34232		
	srqbookkeepingllc@gmail.c	City/State and Zip Code com to be used for future annual report notified.	fication)
For further information co	oncerning this matter, please co	·	incarion)
Jacquelyn Singleton Name of Person		at (941 ) 993-4125 Area Code Daytim	e Telephone Number
Name of	. r erson	Area Code Daytini	e relejmone synthoei
Enclosed is a check for th	e following amount:		
<b>■</b> \$25.00 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 Address		Street Address:	otion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED.

2022 MAR 11 PM 3: 07 S LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company E CRETARY OF STATE Lightning Trades LLC TALLAHASSEE, FIL The Articles of Organization for this Limited Liability Company were filed on <u>08/06/2020</u> and assigned Florida document number <u>L20000238395</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SRQ Bookkeeping LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_\_

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
		<del></del>	🗀 Add
			Remove
	•		☐ Change
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