## L20000296567

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	B & W AC	COUNTING CONSULTING	LLC	
JOBSECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		KRISTIN M. WARD		
			Name of Person	
Firm/Company				
		6357 BARRINGTON COV	VE LN	
			City/State and Zip Code	
		BINETWARDCONSULTI	-	
		E-mail address: (	to be used for future annual report no	etification)
For further ir	formation c	oncerning this matter, please ca	all:	
KRISTIN W	ARD		757 402-9237 at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	). Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022

B & W ACCOUNTING CONSULTING LLC				
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)			
orida document number L20000296567 and document number L20000296567 and document number Section 1.20000296567				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi				
Enter new principal offices address, if applicable:	6357 BARRINGTON COVE LN,			
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32218			
Enter new mailing address, if applicable:	6357 BARRINGTON COVE LN.			
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVII.LE, FL 32218			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered			
New Registered Office Address:	Enter Florida street address			
	, Florida			
	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
AMBR	JAJAIRA BURGOS	4750 NW 102ND AVE APT 202	□Add
		DORAL, FL 33178	=Remove
			Change
			□Add
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Fffectis	ve date, if other than ective date is listed, the date if the date inserted in th	e must be specific as	nd cannot be prior meet the applic	cable statutory fil	more than 90 days	ptional) after filing.) Put this date will	rsuant to 605. not be liste	0207 ed as 1
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