Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000353395 3)))



H240003533953ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED ACCOUNTANTS LLC

Account Number : I20230000115 Phone : (813)773-4973

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

Email Address:

		-
41	Address:	_
mali	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITED ACCOUNTANTS, LLC

Certificate of Status -	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

OCT 23 2024

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records.) Liability Company)		
were filed on 08/15/2023	and assigned	
ility company here:		
lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
5620 E FOWLER AVE Suit	: <b>C</b>	
TEMPLE TERRACE FL. 33617		
5620 E FOWLER AVE	ć Ł	
TEMPLE TERRACE FL, 33617		
address on our records, enter the na	time of the new registe	
	[23]	
	S	
	ÅΤΕ <b>6</b> 1	
Florida	Zip Code	
	ility company here:  lity Company," the designation "LLC" or the 5620 E FOWLER AVE TEMPLE TERRACE FL. 33617  5620 E FOWLER AVE TEMPLE TERRACE FL. 33617  address on our records, enter the national street address Florida Street address Florida	

## 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			DAdd
			□ Remove
			Change
			□Add
			□Remove
			☐Change
<del></del>			□Add
			□Remove
			①Change
		V-0-1-0-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	□Add
			□Remove
			□Change
			⊡Add
			□Remove
			Change

fame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
-	
_	
•	
-	
-	
_	
•	
-	
•	
-	
ote:	ive date, if other than the date of filing:
recor d is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the iled.
Dated	OCTOBER HTH 1024
	Signature of a member or authorized representative of a member
	MOHANNAD BARGHOUTHI
	Typed or printed name of signee

Filing Fee: \$25.00