L 2000364710

(Requestor's Name)	
(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:	
2202 8 2 030	

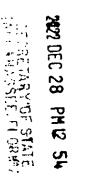
Office Use Only



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Ree'd 12/28/22

12/29/22--01006--026 ++25.00



A. RAMSEY MAR 0 2 2023

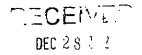
COVER LETTER

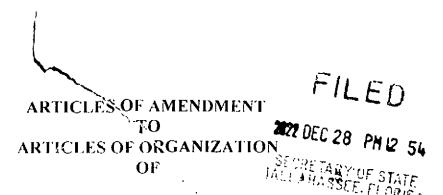
	legistration Se Jivision of Cor			`		
SUBJECT	Accord Spe	cialty LLC				
SUBJECT	·	Name of Lim	nted Liability Company			
		Amendment and fee(s) are sub				
		Dharaben P Patel		,		
			Name of Person			
		Accord Specialty LLC				
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
3232 Players View Cir						
			Address	·		
		Longwood, F1, 32779				
		City/State and Zip Code				
		accordspecialty@gmail.con E-mail address () to be used for future annual report not	rfication)		
For further	r information co	oncerning this matter, please e.				
Dharaben	P Patel		201 238-8020			
Name of Person at () Area Code Daytime T			ne Telephone Number			
Enclosed i	s a check for th	e following amount:				
■ \$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:

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

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





Accord Specialty LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liabil	nty Company," the designation "LLC" or	the abbreviation "L.I. C."
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
Florida document number $\frac{1.20000364710}{}$.		

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
MGRM	Pravinkumar Patel	3232 Players View Cit	= Add
		Longwood, FL 32779	Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			□ Add
			□Remove
			□(?h

Typed or printed name of signee

Dharaben P Patel