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· TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
D&DM Во	okkeeping Analyst, LLC			
SUBJECT:	Name of Lim	ited Liabitity Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Amy Divido			
		Name of Person		_
	The Bookkeeping Analyst.	I.I.C		
Firm/Company				_
	6705 Fincannon Rd			
		Address	·	_
	Jacksonville, Fl. 32277			207 SE
		City/State and Zip Code		
	Office@bookkeepinganalys			E 8
	E-mail address: (to be used for future annual report noti	fication)	B 22 Ph
For further information e	oncerning this matter, please ca	all:		SECOND R
Amy Divido		904 349-5265 at ()		2021 FEB 22 PM 5: 12 SECRETARY OF STATE TALLAHASSES, FU
Name o	f Person		e Telephone Numbe	, , , , , , , , , , , , , , , , , , ,
Enclosed is a check for the	ie following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration 5		Street Address: Registration Sec	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



February 10, 2021

AMY DIVIDO 5450 SHARON TERR JACKSONVILLE, FL 32207

SUBJECT: D&DM BOOKEEPING ANALYST LLC

Ref. Number: L20000381559

We have received your document for D&DM BOOKEEPING ANALYST LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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: 521A00003015

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	AMENDME O	. N I		
ARTICLES OF O		ΓΙΟΝ		
O	F		FEB 22 PE	
D&DM Bookkeeping Analyst, LLC			S In	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appear	rs on our records.)		
(A Florida Limited	Liability Company)		S. S.	
The Articles of Organization for this Limited Liability Company	were filed on 12.	/07/2020	and assigned	
Florida document number L20000381559			1. W	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility aanmany h	(APA)		
	micy company no	<u>re</u> :		
The Bookkeeping Analyst, LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the d	lesignation "FLC" or t	he abbreviation "L.I. C."	
	6705 Fincannon		ne and containing the	
Enter new principal offices address, if applicable:	Jacksonville, Fl	·		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, PI	. 32277		
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered office	address on our r	ecords, enter the i	name of the new registered	
agent and/or the new registered office address here:				
Name of New Registered Agent: N/A				
New Registered Office Address:	Enter Flor	rida street address		
	, Florida			
	City	, 1101102	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	"my duties, and La Chapter 605, F.S.	am familiar with and Or, if this document is	
111-21-1	makana 13 metana matah	one Marian Bar	Durchenned Assure	
It Chai	nging Kegistered Ag	gent, Signature of Nev	v registerea Agent	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
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an effective date, it fitted, the date it	ust be specific and cannot b	e prior to date of filin	g or more than 90 da	(optional) ys after filing.) Pursuant	to 605,0207
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February 14th	2021				
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	Signature of a member of	r authorized represen	ntative of a member		
Amy Divido	Signature of a member of	r authorized represen	Ol Ontailve of a member		

Filing Fee: \$25.00