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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(100	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer:	-
Special instructions to	r illing Officer.	
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Office Use Only



02/08/21--01030--009 ++35.00





March 30, 2021

KEIRY ROSA 23941 SW 117TH CT HOMESTEAD, FL 33032

SUBJECT: MINDFUL ACCOUNTING SERVICES, LLC

Ref. Number: L20000387276

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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: 821A00006653

Querida R Moore Regulatory Specialist II

2021 APR 23 AM 11: 20 FF EAST

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Mind Jul Accou	Liability Company
The enclosed Articles of Amendment and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
Keiry	Name of Person
Mindful A	Firm/Company
23941 500	Address
Homestead. F	City/State and Zip Code
	be used for future annual report notification)
For further information concerning this matter, please call	
Keing ROSA Name of Person	at (496) 274 - 4056 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Control of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	1001 APR 23 PM 1: 30
<u> </u>	Services LLC mpany as it now appears on our records 11.74 F ST. TE
(Name of the Limited Liability Cor (A Florida Limit	ited Liability Company) TALL/LACSEE, FL.
The Articles of Organization for this Limited Liability Compa	any were filed on 12/1/2020 and assigned
Florida document number <u>L 2.(XXX) 387276</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	iability company here:
NIA	
The new name must be distinguishable and contain the words "Limited L	nability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new register</u> e
Name of New Registered Agent:	NIA
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 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
AP	Knisy Rimma Rusa	23941 SW 117th CT	🗆 Add
		Homestrad FC 33032	Remove
			□Change
mBB,	Keiry Rusa	23941 SW 117 Ct	□ Add
member)	J	Homestead FL 33032	□Remove
			Change
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