L21000019990

(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:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
J. HORNE
J. 110.1
OCT - 7 2023
<u> </u>

Office Use Only



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09/21/23--01012--003 **25.00



COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration So Division of Co	ection _. rporations	•	• •
SUBJEC	Overdrive	Business Solutions LLC		•
		Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Alex Hodo		
			Name of Person	<u> </u>
		Overdrive Business Soluti	ons LLC	
			Firm/Company	
		7380 West Sand Lake Rd	Suite 500	
			Address	
		Orlando, FL 32819		
			City/State and Zip Code	
		info@overdriveaccountings		
			to be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please c	all:	
Alex Ho	do		407 796-8999 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres	<u>s:</u>	Street Address:	
	Registration S	Section	Registration Sect	
	Division of C	ornorations	Division of Corn	orations

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

ARTICLES OF AN... TO ARTICLES OF ORGANIZATION OF

Overdrive Business Solutions LLC

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

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.21000019990		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
OVERDRIVE ACCOUNTING SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter	the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.	· · ·	
New Registered Office Address:	Enter Florida street address	
	Enter Pioriaa street adarcs.	\$
		orida
	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>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			Remove
			Change
			□Remove
			Change
			CRemove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

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ective date, if other than the da effective date is listed, the date must be	te of filing:		(optional)	
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be prior does not meet the applic	to date of filing or more of able statutory filing re	than 90 days after filing.) Pu quirements, this date wil	rsuant to 605.020 I not be listed a
ument's effective date on the Depa			•	
ord specifies a delayed effective d filed.	ate, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The 90	Oth day after the
s nica.				
September 14	2023			
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	mature of a member or auth			