## L21000035524

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(Document Number)	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:		BUSINESS SERVICES, LLC		
SUBJECT		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	i all correspo	ondence concerning this matter	to the following:	
			AIDA SINCHI	
			Name of Person	
			Firm/Company	
			2101 NE 23RD PLACE	
			Address	
			CAPE CORAL FL 33909	
			City/State and Zip Code	
			SINCHITAXES@GMAILCOM	
		E-mail address: (	to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please c	all:	
AIDA SINC	HI		239 443-0852 at ( )	
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a	s check for th	he following amount:		
■ \$25,00 H	Filing Fee	S30.00 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)
Re Div P.C	iling Address gistration S vision of C D. Box 632 Ilahassee, I	Section Corporations C7	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIANT BUSINESS SERVICES, LLC

( <u>Name of the Limited Li</u> (A FI	ability Company as it now orida Limited Liability Com	appears on our records.) pany)	· -
The Articles of Organization for this Limited Liabili Florida document number L21000035524		on <u>01-19-2021</u>	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compa	any here:	
	ANT ACCOUNTING SE		
The new name must be distinguishable and contain the words	"Limited Liability Company	"the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		<del></del>
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		our records, enter the	name of the new registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enc	ter Florida street address	
		, Florid	a
	City		Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		• :
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete performan ed agent as provided fo stered office address, I	ice of my duties, and I or in Chapter 605, F.S.	am familiar with and Or, if this document is

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
			□Add
			□Remove
			□Change
		<del></del>	□ Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
	<del>-</del>	<del></del>	
			□Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	e date, if other than the date of filing:
If the record record is file	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 d.
Dated 0	7/27/2021
Billed _	Signature of a member or authorized representative of a member
	AIDA SINCHI

Typed or printed name of signee