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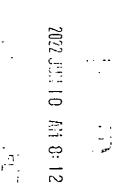
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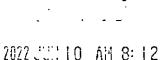
CF 8/29/2022

COVER LETTER

то:	Registration S Division of Co			,	
CHD IE	****				
Jacave	. 1 i		nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		Jacqueline			
			Name of Person		
		ZenBusiness INC			
	Florida Keys Bookkeeping LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Jacqueline				
		5511 Parkerest Drive STE	103		
			Address		
		Austin, Texas, 78731			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
For furth	er information (diffication)	
Jacquelii	ne Quiroga c/o	ZenBusiness INC			
	Name (of Person	Area Code Dayti	me Telephone Number	
Enclosed	l is a check for t	he following amount:			
≘ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				ection	
	Division of (Division of Co		
	P.O. Box 633		The Centre of	Tallahassee	
	Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Florida Keys Bookkeeping LLC		<u></u> :
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	, ::-
The Articles of Organization for this Limited Liability Company Florida document number 1.21000045787	y were filed on 01/25/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Ashley Rae Jocie	3920 S Roosevelt Blvd	□Add
		Apt 211N	□Remove
		Key West, FL 33040	
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
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		********	☐ Change
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			F7

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/s/ Ashley Rae Jocic		e date, but not an effective tir	me, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
	ted June 7th	2022			
Signature of a member or authorized representative of a member	/s/ Ash	ley Rae Jocic			
					

Filing Fee: \$25.00