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To:	Division of Corporations		
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From:			
, , , , , , ,	Account Name : REGISTERED AGENTS INC		
	Account Number : I20090000081 Phone : (307)200-2803		
	Fax Number : (855)330-1010		
Em	ail Address:	R M/MG RESIG	2022 AUG 1 5
ACU	JITY CFO, BUSINESS AND ACCOUNT	ING SERVICE	
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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Acuity CFO, Business and Accounting Services, 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 03/17/21	anc	l assign	ed
Florida document number L21000111280				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	lity company here:			
Acuity Business Services, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviatio	n "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)				
		V		-
			202;	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the n	ame of the	new re	<u>egistered</u>
agent and/or the new registered office address here:		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	9	;
		(11) 	5	
Name of New Registered Agent:		70	200	
New Registered Office Address:		윤동	=	
	Enter Florido street address	P. 7	9 1	
	, Florida			
,	City	Zip C	ode	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office	performance of my duties, and I a provided for in Chapter 605, F.S. (m familia Or, if this c	r with a docume	ınd
company has been notified in writing of this change.				

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
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	Riley Park	Typed or printed			
	Signatur	R: LL T2 e of a member or authori	L zed representative of a	member	
Dated	August 2	2022	· ·		
cord is fi			e, at 12:01 a.m. on t	he carlier of: (b) Th	e 90th day after the
(If an off Note:	ive date, if other than the date of fective date is listed, the date must be speci If the date inscrted in this block does nent's effective date on the Departmen	fic and cannot be prior to a not meet the applicab	date of filing or more the statutory filing re	(optional) han 90 days after filing, quirements, this date) Pursuant to 605,0207 (3)
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