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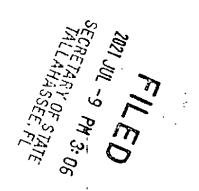
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COVER LETTER

TO: Registration 8 Division of Co			
SUBJECT:	Williams	Accounting Services, LC	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Mame of Person	
	<u></u>	Firm/Company Services	
	436	26 Huntington RdWEF 6 Address	
	5	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notification. alt:	**
Name	th Williams of Person	at (931) 232-5531 Area Code Daytime Telephone Number	
Enclosed is a check for	-		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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 Addre Registration Division of O	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 63: Tallahassee,	27	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

(Name of the Limited Liability Compa (A Florida Limited L	Bookkeeping Services, LLC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number _\2\000\2\7360	-1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words "Liability Contains the words" "Linited Liability Contains the words" "Liability Contains the words "Liability Contains the words "Liability Contains the words "Liability Contains the words" "Liability Contains the words" "Liability Contains the words" "Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Contains the words "Liability Contains the words "Liability Contains the words "Liability Co	ty 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)	4326 Huntington & NE St Petersland & DE 4326 Huntington & PRI 53703 St Petersland FRI 53703
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 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
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			□Remove
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