L21000281663

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(Address)	
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(City/State/Zip/Phone #)	
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COVER LETTER

Registration Section Division of Corporations

Tailahassee, FL 32314

TO:

A PEACE (SUBJECT:	OF MIND BOOKKEEPING A					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Clarice Horton					
		Name of Person	 .	•		
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		Firm/Company	<u> </u>	191	2 2 2	ť
	1629 NW 80th avenue Apt	aG			7	• !
		Address		\$2 20 20 20 20 20 20 20 20 20 20 20 20 20	2 P	
	Margate, FL 33063			ASSEE, F	7071 OCT 12 PH 2: 09	
		City/State and Zip Code		PATE	9	
	claricehorton75@gmail.com E-mail address: (n to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	ali:				
Clarice Horton		954 478-2679				
Name o	f Person	at () Area Code Daytin	ne Telephone Number	г		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Statu:		
Mailing Addres		Street Address:				
Registration S Division of C		Registration Se Division of Co				
P.O. Box 632	•	The Centre of	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A PEACE OF MIND BOOKKEEPING AND		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our record i Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L21000281663	Company were filed on 6/17/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
A PEACE OF MIND BOOKKEEPING AND CONSULTIN	IG, LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	
		SO NO ESTA
Enter new mailing address, if applicable:		STS ST
		— 产有 O
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	es .
	Emer i formu street uuures	,
		orida Zip Code
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗀 Add
		Remove ST. 2021 Control Of Change	
		PARASSET STATE	SF CRF Change Ch
		717g	Remove
			□Add
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ctive date, if other than th	e date of filing:		(optional)	
effective date is listed, the date mue: If the date inserted in this b	ist be specific and cannot be pi	tor to date of thing or more	than 90 days after filing.) I equirements, this date w	Pursuant to 605.020 fill not be listed a
ument's effective date on the I	Department of State's recor	ds.		
				0011 0 1
ord specifies a delayed effecti filed.	ve date, but not an effectiv	e time, at 12:01 a.m. on	the earlier of: (b) The	90th day after th
October 5	. 2021	·		
/ V A a. H	rth.			
	11/2	ithorized representative of		

Filing Fee: \$25.00