h21000284365

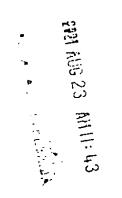
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(5	J., 1000 Z., 110, 110,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Sec Division of Corp			•
SUBJEC	P GONZ LI	.c ·		
SUBJEC		Name of Lim	nited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please ret	tum all correspon	ndence concerning this matter	to the following:	
		SERENA RAMIREZ		
			Name of Person	
		INNOVATIVE ACCOUN	TING SOLUTIONS, INC	
			Firm/Company	
		9860 N PALAFOX ST.		
			Address	
		PENSACOLA, FL 32534		
			City/State and Zip Code	
		SERENA@THEACCOUN		
F 6 4		·	to be used for future annual report notific	cation)
ror furthe	r information co	incerning this matter, please ca	all:	
SERENA	RAMIREZ		850 741-3773 at ()	
<u></u>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	O Filing Fee	□ \$30.00 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)
	Mailing Address Registration S		Street Address: Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P GONZ LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record i Limited Liability Company)	5.)
The Articles of Organization for this Limited Liability Colorida document number L21000284365	Company were filed on 05/24/2021	and assigned
his amendment is submitted to amend the following:	_ '	
. If amending name, enter the new name of the limi	ited liability company here:	
		· 25
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	" or the abbreviation:"L.L.C.".
inter new principal offices address, if applicable:		32
Principal office address MUST BE A STREET ADDR	(ESS)	
		1.13
inter new mailing address, if applicable:		ن ن
Mailing address MAY BE A POST OFFICE BOX)	-	·
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	l office address on our records, <u>enter</u>	the name of the new regist
gent andor the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	orida
	Ciry	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, 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>	<u>Address</u>	Type of Action
AMBR	PEARLMELIA M. KEYSER	6565 NORTH W STREET	
		STE 260	□Remove
		PENSACOLA, FL 32505	■ Change
AMBR	MARYANNE HERNANDEZ	7490 GUTHRIE WAY	≘Add
		SAN DIEGO, CA 92114	□Remove
		0.11.72.114	Change
			□Add
		Change	
			Titkemove
			□Change
			□Add
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			Change
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Filing Fee: \$25.00