L21000295259

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | • · · |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700391876987

•

SECRETARY OF STATE
TALLAHASSEE, FL

1022 OCT -6 PM 3: L

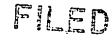
COVER LETTER

| TO: | Registration Se Division of Cor | | | * | | | | | |
|----------|------------------------------------|--|---|--|--|--|--|--|--|
| SUBJE | | A GUY ACCOUNTING SER | VICES, LLC | • | | | | | |
| SUBJE | C1. | Name of Lim | ited Liability Company | | | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | | |
| Please r | eturn all correspo | ndence concerning this matter | to the following: | | | | | | |
| | | CHRISTINE GRUBER | | | | | | | |
| | | | Name of Person | | | | | | |
| | | 2 GIRLS & A GUY ACCO | DUNTING SERVICES, LLC | | | | | | |
| | | | Firm/Company | | | | | | |
| | | P.O.BOX 811 | | | | | | | |
| | | • • • | Address | | | | | | |
| | | LEHIGH ACRES, FL 339 | 70 | | | | | | |
| | | City/State and Zip Code | | | | | | | |
| | | CHRISTINE@BOWERSA | | | | | | | |
| | | | to be used for future annual report no | ufication) | | | | | |
| For furt | her information c | oncerning this matter, please c | all: | | | | | | |
| CHRIS | TINE GRUBER | | 239 565-8466 at () | | | | | | |
| | Name o | f Person | Area Code Daytii | ne Telephone Number | | | | | |
| Enclose | ed is a check for th | ne following amount: | | | | | | | |
| □ S25 | 5.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | | |
| | Mailing Addres | | Street Address: | oution | | | | | |
| | Registration S | Section | Registration S | CCHOIL | | | | | |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



2022 OCT -6 PM 3: 48

2 GIRLS & A GUY ACCOUNTING SERVICES, LLC

SECRETARY OF STATE (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 JUNE 25TH 2021 and assigned Florida document number $\frac{L21000295259}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DGS ACCOUNTING & PAYROLL SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability 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) P.O.BOX 811 Enter new mailing address, if applicable: LEHIGH ACRES, FL 33970 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida __ City 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | |
| | | | □Remove |
| | | | ⊡Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Renюve |
| | | | |
| | | | ⊡Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | | | | | | | | | |
|---|--|---------------------------------|------------------------|----------------|-------------------|------------------------|--------------------------------|--------------|--------------------|
| | | | | | | | | | |
| ***** | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | == | · | | 2022 | |
| | | | | | | | A CE | 2 OC: | -n |
| | | | | | | | ARY | - | 0.22.23 0.22.23 |
| | | | | | | | ASS. | ა | 1 |
| | | | | | | | तिन्ति गिर्माक | PH 3: | |
| | | | | | | · | TATE A | £8 | |
| | | | | ···· | | | ויי | | |
| | | | | | | | • | | |
| | | | | | | | | | |
| E ffective date If an effective dat | , if other than the e is listed, the date must | date of filin be specific an | ig: id cannot be pr | ior to date of | iling or more tha | (opt n 90 days afte | i onal) r filing.) P | ursuant t | to 605.02 |
| Note: If the da | te inserted in this blo ective date on the De | ck does not | meet the app | licable statu | tory filing requ | irements, th | is date wi | ll not b | e listed : |
| | | | | | | | | | |
| | es a delayed effective | date, but no | it an effective | time, at 12 | 01 a.m. on the | earlier of: (| b) The S | 90th day | after th |
| rd is filed. | | | | | | | | | |
| JULY 28 | 8ТН | | 2022 | | | | | | |
| Dated | | | S | · | | | | | |
| | | | () | | | | | | |

Filing Fee: \$25.00