Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fex Number

: (859)617-6383

From:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.

Account Number : 120170908045 Phone : (785)546-4490 Fax Number : (800)323-1074

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: edvardo a mbs toxes. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUICKBOOKS WITH ENHANCED PAYROLL & TAX, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUICKBOOKS WITH ENHAN			
(Name of the Limited Liability Com (A Florida Limite	many as it now appeared Liability Company)	rs on our records.)	 _
The Articles of Organization for this Limited Liability Compar	ny were filed on	07/01/2021	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	ere:	
SJ FINANCIAL SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limited Lis	bility Company," the d	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			202
	REET ADDRESS)		
·			A A A
Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE BOX)			PH O
TO BETTER WHEN COST TO A SECOND SECON			<u> </u>
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B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our r	records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		A	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>		
I hereby accept the appointment as registered agent and a	gree to act in this	capacity. I furthe	r 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, Siguature of New Registered Agent

03/11/22 10:46AM EST MBS Inc -> FLORIDA DEPARTMENT OFSTATE 8506176383 Pg 4/5

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
			□Add
			□ Change
			□Add
			□Remove
			CI Change
			□ Remove
			☐ Change
			□Add
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fan effect <u>Note:</u> If	e date, if other the rive date is listed, the di f the date inserted in at's effective date on	ate must be specif this block does	ic and cannot be not meet the a	pplicable stat	filing or more the utory filing requ	(option n 90 days after fi irements, this d	ling.) Pursuant to 60:	5.0207 ted as
record and is filed	specifies a delayed e d.	ffective date, bu	it not an effect	ive time, at 17	2:01 a.m. on the	earlier of: (b)	The 90th day after	er the
Dated	MARCH 01		2022	·				
				Singel	^			
		Signature	of a member of	authorized rep	resentative of a n	ember	· · · · · · · · · · · · · · · · · · ·	

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