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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		MOND FINANCIAL ACCOU	INTING LLC	
SOBILCT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		MADISON BALLASH		
			Name of Person	
		BLUE DIAMOND FINAN	ICIAL ACCOUNTING LLC	
			Firm/Company	
		1725 SE TIFFANY CLUB	RD	
			Address	
		PORT ST LUCIE, FL 3495	52	
			City/State and Zip Code	
		MRBALLASH@GMAIL.C		
		E-mail address: (t	o be used for future annual report noti-	fication)
For further	information co	oncerning this matter, please ca	dl:	
MADISON	BALLASH		772 212 - 0488	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00	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 Address: Registration Section Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BLUE DIAMOND FINANCIAL	ACCOUNTING LE	.C			
(Name of the Lim	ited Liability Comp	any as it now appears on our (Liability Company)	records.)		
	(A Florida Limited	Liability Company)	records.)		
The Articles of Organization for this Limited	Liability Company	, wara Glad on 1/1/2022	=12		
	Elaomiy Company	were med on	and assigned		
Florida document number L22000008282	- <u></u> -		and fassigned		
This amendment is submitted to amend the fo	llowing:		·		
A. If amending name, enter the new name	of the limited liab	oility company here:			
ACCOUNTISON LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	icable:	3906 SE CALADIUM CO	OURT		
(Principal office address MUST BE A STREET ADDRESS)		STUART, FLORIDA 349	997		
		 			
Enter new mailing address, if applicable:		3906 SE CALADIUM CO	DURT		
(Mailing address MAY BE A POST OFFICE BOX)		STUART, FLORIDA 34997			
B. If amending the registered agent and/or	registered office :	address on our records, e	nter the name of the new registered		
agent and/or the new registered office addre	ess here:	-			
Name of New Registered Agent;					
New Registered Office Address:	3906 SE CALA	ADIUM COURT			
	-	Enter Florida street a	uddress		
	STUART		Florida 34997		
	<u>-</u>	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.

1 1 15 mg (2. 11 . 1)

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
P	MADISON BALLASH	3906 SE CALADIUM COURT	
		STUART, FLORIDA 34997	□Remove
			■Change
			□Add
			□Remove
			□Change
			□Remove
		- <u>-</u>	□Change
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Effective date, if other than the da	specific and cannot be prior	able statutory filing req	(optional) non 90 days after filing.) quirements, this date w	Pursuant to 605. vill not be liste	0207 :d as
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