## L22000038308

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

Registration Section 1

Division of Corporations

TO:

	S OF AMENDMENT				
SUBJECT:	Name of Lim	ited Liability Company	·····		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.			
Please return all correspo	ondence concerning this matter	to the following:			
	SACHIN KACIIHAL				
		Name of Person			
	ACCEL CONSULTING I	.LC			
	<del></del>	Firm/Company			
	3826 CRESTWOOD CIR	CLE			
		Address			
	WESTON, FL 33331				
		City/State and Zip Code			
	skachhal@gmail.com			g*	196
	E-mail address: (	to be used for future annual:	report notification)		三
For further information of	oncerning this matter, please c	all:		٠٠ <u>٠</u> ٠٠ سيا راد د	2023 HOY -1
SACHIN KACHHAL			2 203 9349	- - -	, -0.
Name o	d Person	at () Area Code	Daytime Teleph	me Number	3:62
Enclosed is a check for t	he following amount:				•••
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enc		\$60,00 Filing Fee. Certificate of Stat Certified Copy tadditional copy is en	tus &
Mailing Address Registration of C P.O. Box 632 Tallahassee.	Section Corporations 27	Division The Cer 2415 N.	Idress: ation Section n of Corporation ntre of Tallaha: . Monroe Stree	ssee t. Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ACCEL CONSULTING LLC

(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 Compan Florida document number 22000038308	y were filed on <u>01/18/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	nility 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)		
Enter new mailing address, if applicable:		<u></u> ੁ
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter th	ne name of the new registered
agent and/or the new registered office address here:	address on our records; ener th	TO THE MEN TO THE TENTON OF TH
		$\sim$
Name of New Registered Agent:		2
New Registered Office Address:		1
	Enter Florida street address	· -
	Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>l:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
	anging Registered Agent, Signature of 2	

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
AMBR	AADISH KACHAAL	3826 CRESTWOOD CIRCLE, WESTON FL 33331	🗆 Add
			■Remove
			□Change
AMBR	SHELLY KACHAAL	826 CRESTWOOD CIRCLE, WESTON FL 33331	🗆 Add
			<b>≡</b> Remove
			□Change
			□Add
			Remove
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Effective date, if other than the date of filing:	(ontional)	
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	refiling requirements, this date will not be listed	207 (3)(b as the
the record specifies a delayed effective date, but not an effective time, at 12:01 and is filed.	a.m. on the earlier of: (b) The 90th day after t	he
Dated 10/24/2023		
Signature of a member or authorized represen		

Filing Fee: \$25.00

Typed or printed name of signee