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TALLAHASSEE FIODES

SEP 1 3 2022 S. PRATHER

COVER LETTER

SUBJECT: Crescent Accounting Solutions SUBJECT: Crescent Accounting Solutions Name of Limited Liability Company The enclosed Articles of Amendment and Re(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
Division of Corporations UBJECT:			
Please return all correspo	ndence concerning this matter	to the following:	
	Heidi	Rickman	
		Firm/Company	
	((0) \(\lambda\)	MH CL	
	6641 NW	Address	
	Tamarac	H 33324	
	/ 1000 110	City/State and Zip Code	
	Neidl Gad 3 E-mail address: (to be used for future annual report not	fication)
For further information c			
			0.0.000
Huch	Killman	at (414) 336-	4980
Name o	f Person	Area Code Daytin	ne Telephone Number
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O1		25* C
Cascent accounts (Name of the Limited Liability (A Florida L			THE STAR STARSE
The Articles of Organization for this Limited Liability Co.	mpany were filed on <i>3/</i>	19/2022	and assigned
Florida document number <u>L22000 12 0 481</u>	-		» · · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite			
Modern accounting S The new name must be distinguishable and contain the words "Limite	ervices LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or the abh	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	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.

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
			\ _Add
		□Remove	
		<u> </u>	Change
			Remove
			Change
		□Add	
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		□Change	
			□Add
			□Remove
			Change
			□Add
		□Remove	
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)	
		•
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		-
		-
		-
E. Effective date, if other than the date of filing:	Pursuant to 60: will not be list	5.0207 (3)(ted as the
The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The second is filed.	e 90th day afte	er the
Dated June 2 rd 2022	TĂLL,	2022
Heel few	A :	12 KING 8208 -
Signature of a member or authorized representative of a member Heidi Rickman	SEE. F	-
Typed or printed name of signee	FLORID	is Z
	ټ. 0	26

Filing Foo: \$25 00