122000239351

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only



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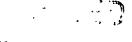
| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|---|
| A. B. ACC SUBJECT: | COUNTING SERVICES LLC | | |
| SUDJECT: | Name of Lin | nited Liability Company | - |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Amina Bentoumi | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 19515 carolina cir | | |
| | A. B. ACCOUNTING SERVICES LLC Name of Limited Liability Company Articles of Amendment and feets) are submitted for filing. all correspondence concerning this matter to the following: Amina Bentoumi Name of Person Firm Company 19515 carolina cir Address Boca Raton, Florida, 33434 City/State and Zap Code antinabentoumi@thotmail.com E-mail address: tto be used for foture annual report notification ormation concerning this matter, please call: mi Soll Same of Person 1 561 S734843 Name of Person Telephone Number check for the following amount: ling Fee Certificate of Status Certified Copy (addinonal copy is enclosed) | | |
| | Boca Raton, Florida, 3343 | 4 | |
| | aminabentoumi@hotmail.c | · · | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please c | all: | |
| Amina bentoumi | | at () | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ☐ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Address Registration 5 | | | tion |

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 OCT 10 AH 7: 13

| A. B. ACCOUNTING SERVICES LLC | А. В. | ACCO | UNTING | SERVICES | 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 Company were filed on 5/23/2022 and assigned |
|--|
| Florida document number L22000239351 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| AB Bookkeeping Solutions, 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) |
| Enter new mailing address, if applicable: (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 |
| Ph.24. |
| |
| 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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|----------------|
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| ffective date, if other th | nan the date of filing: (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.1 | |
| ote: If the date inserted in | ithis block does not meet the applicable statutory filing requirements, this date will not be listed |)201 d as |
| ocument's effective date of | on the Department of State's records. | |
| | | |
| record specifies a delayed (Lis filed. | effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | the |
| | | |
| October 6 | 2023 | |
| | | |
| | | |
| | Signature of a member or authorized representative of a member | |
| Amina bentoumi | | |
| | Typed or printed name of signec | |

Filing Fee: \$25,00