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06/20/23--01013--020 **25.00

COVER LETTER

TO: Registration Se Division of Cor			tv
Len Booke	eeping LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sofia Vasquez		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	- ·
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, Fl. 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	m o be used for future annual report notif	iontical
For further information of	concerning this matter, please ca	·	(Kanon)
c/o ZenBusiness INC		844 493-6249	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sec	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

Len Bookeeping LLC			
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our record liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000260255}{1.000000000000000000000000000000000000$	were filed on 2022-06-07	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Len Bookkeeping 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 applicable:			
(Principal office address MUST BE A STREET ADDRESS)		023	
		<u>~</u> _	
		120 120	
Enter new mailing address, if applicable:		<u> 26</u>	
Mailing address MAY BE A POST OFFICE BOX)			
		2	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street address		
		orida	
	Ciţy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, ar provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
If Char	nging Registered Agent, Signature o	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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			ÜAdd
			□Remove
			□Change
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<u>te:</u> If the date inserted in this	the date of filing: must be specific and cannot be prior to date of filing or me s block does not meet the applicable statutory filing e Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed
cord specifies a delayed effects in the specifies and specifies a delayed effect of the specifies and specifies a delayed effect of the specifies and specifies a delayed effect of the specifies as delayed effect of the specifies a delayed effect of the specifies as de	ctive date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
06/08 ed	. 2023	
/s/ Luinmys Espinal	Nunez Signature of a member or authorized representative	

Filing Fee: \$25.00