

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000229378 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SWIFTBOOKS LLC Account Number : I20230000075 Phone ; (305)602-0233 Fax Number : (305)602-0233

JACENTER the email address for this business entity to be used for further annual report mailings. Enter only one email address please.**

JOHN Email Address: Enter the email address for this business entity to be used for future

ESTATE CONSULTING SERVICES LLC

Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$25.00

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T. LEMIEUX

JUN 2 9 2023

COVER LETTER

TO: Registration S Division of Co			
COMPUT	TER CONSULTING SERVICE	SLLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
	Danny Cesar		
		Name of Person	-
	Swiftbooks LLC		
		Firm/Company	-
	12150 SW 128 Ct Suite 22	21	
		Address	-
	Miami, FL 33186		
		City/State and Zip Code	-
	danny@swiftbooks.co		
	E-mail address: ((to be used for future annual report notification)	
For further information	concerning this matter, please c	:all:	
Danny Cesar		305 602-0233 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Addre Registration		Street Address: Registration Section	
Division of (Corporations	Division of Corporations	
P.O. Box 633 Tallahassee		The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10
rananassee	FL 34314	Z4 LJ IV. WIOHIDE STIERE SHITE S	IU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPUTER CONSULTING SEI	RVICES LLC			
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on our re lity Company)	cords.)	
The Articles of Organization for this Limited I Florida document number L22000385046	Liability Company wer	re filed on 09/01/2022	a	nd assigned
	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
RBJ5 Consulting LLC				
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "	LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:	_		<u></u>	
(Mailing address MAY BE A POST OFFICE	<u> </u>			
	_			
			. -	
B. If amending the registered agent and/or agent and/or the new registered office addre		ress on our records, <u>er</u>	<u>iter the name of th</u>	<u>ية new£Pegister عد</u>
agent anazor the new repareted office addit	SS HELC.			'
Name of New Registered Agent:	Swiftbooks LLC			i>3
New Registered Office Address:	12150 SW 128 Ct S	uite 221		ੁੱਚ (**
		Enter Florida street ac	ldress	r.
	Miami		, Florida <u>33186</u>	l≳: 0
	<u> </u>	Cup	Zip	Ceche

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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

□Remove

Change

□Remove

_ □Change

□Add

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 Type of Action Address **Title** Name □Add __ 🗆 Remove _____ Change □Remove □Change _____ □Remove _____ □Change □Remove _ Change DAdd

f amendi 	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
Sote: 11 t	date, if other than the date of filing: (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a C's effective date on the Department of State's records.
record splits filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ated	June 28 2223
	Signature of a member or authorized representative of a member
	Signature of a inclined of a inclined of signee

Filing Fee: \$25.00