Division of Corporations

H240000164523



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.

(((H24000016452 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (844)449-3624

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

	٠	_		
Fma	٦.	I	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACCRABBIT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help JSOS ST NAL **※內当個單**#0**0**0016452 3

18506176383 Pg 2/4

H240000164523

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AccRabbit 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 12/06/2022 Florida document number 1.22000512469	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Accounting Rabbit LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above the company of the designation of the contain the words "Limited Liability Company," the designation "LLC" or the above the contain the words "Limited Liability Company," the designation "LLC" or the above the contain the words "Limited Liability Company," the designation "LLC" or the above the contain the words "Limited Liability Company," the designation "LLC" or the above the contain the words "Limited Liability Company," the designation "LLC" or the above the contain the words "Limited Liability Company," the designation "LLC" or the above the contain the words "Limited Liability Company," the designation of the contain the con	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Entered and the second	
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 namagent and/or the new registered office address here:	e of the new registered
	15 h - 2
Name of New Registered Agent:	. ವೆ
New Registered Office Address:	-
Enter Florida street address	•
Florida	
, Florida	
New Registered Agent's Signature, if changing Registered Agent:	27
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agi provisions of all statutes relative to the proper and complete performance of my duties, and I am f accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or.	amiliar with and

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

01/11/24	.01:,14PM	5125970678
· · • •		0 2 20 00 100 10

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
			□Add
			□Remove
			□Change
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
•			□Add
			Remove
			Change
			🗆 Add
			□Remove
			□Change

· —			······································
		-	
		di d	
	, , , , , , , , , , , , , , , , , , ,		

		<u> </u>	
			
	·		
	. <u>, , , , , , , , , , , , , , , , , , ,</u>		
1			
			
		· · · · · · · · · · · · · · · · · · ·	
ffective date, if other than the data an effective date is listed, the date must be some. If the date inserted in this block ocument's effective date on the Deparation.	does not meet the application	able statutory tiling requirements, th	tional) er filing.) Pursuant to 605,0207 nis date will not be listed as
record specifies a delayed effective da is filed.	ate, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2024		
ated	 ,	_ '	
/s/ Sara Byerly Brutus			
/s/ Sara Byerly Brutus		rized representative of a member	

Filing Fee: \$25.00