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TO:

Registration Section

Division of Corporations BENDER PUBLIC ACCOUNTING, LLC. SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Justin Wagg Name of Person BENDER PUBLIC ACCOUNTING, LLC. Firm/Company 2673 Montaguge Ct W Address Clearwater, FL 33761 City/State and Zip Code justin@juriholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Justin Wagg Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section **Registration Section Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE.

BENDER PUBLIC ACCOUNTING, LLC.		2023 JUN 16	PM I.O.
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears	on our records.)	
(A riofida Le	mided Diability Company)	IAILARASSIT	
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{12/2}{1}$		
Florida document number 1.22000531499			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>re</u> :	
JURI Accounting, LLC.			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered o	ffice address on our re	cords, enter the nam	e of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da strect 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>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the (If an effective date is listed, the date means to be in the list of the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 block does not meet the applicable statutory filing requirements, this date will not be listed as th
the record specifies a delayed The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: cord is filed.
Dated May 22	2023
	·
	Signature of a member or authorized representative of a member
Justin Wagg	
	Typed or printed name of signee