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COVER LETTER

то:		stration Section of Corp-					
eun if	}	3WS Accour	-				
SUBJE	sci: _		Name of Limi	ted Liability Company		<u> </u>	
The en	closed a	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please	return a	Il correspon	dence concerning this matter t	to the following:			
			Beaugwynn Wigley-Sandor	г			
	Name of Person						
BWS Accounting, LLC							
			Firm/Company				
			3520 Oak Grove Ct				
			Address				
			Haines City, FL 33844				
			City/State and Zip Code				
			E-mail address: (t	o be used for future annual r	report notification)		
For fur	ther inf	ormation con	neerning this matter, please ca	ill:			
Beaug	wynn V	Vigley-Sando	pr	609 203	-1314		
		Name of I	Person	Area Code	Daytime Telephone N	umber	
Enclos	ed is a o	check for the	following amount:				
□ \$ 2	5.00 Fil	ling Fec	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Cer losed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)	

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

Street Address: 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

BWS Accounting, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)		
he Articles of Organization for this Limited Liability (Company were filed on January 19, 2023	and ass	igned
orida document number L23000056043	·		
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the lin	nited liability company here:		
o MBA, CPA LLC			
e new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	abbreviation "L.	L.C."
ates accomplisated offices address if applicables			
nter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADD</u>	RESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
	<u></u>	2024 HA	
	· <u>-</u>	型盖	-N
. If amending the registered agent and/or registere	ed office address on our records, enter the na		register
gent and/or the new registered office address here:			ñ
		727	FUT
551 D 1 1 1 1		<u> </u>	المستا
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	riorida	Zin 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
			□Remove
			☐Change
			🗆 🗆 🗆 Add
			□Remove
			□Change
			□Remove
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the	the date of must be specific block done	filing:	ior to date of filin	g or more than 90	(optional) days after filing.) Putents, this date will	rsuant to 605.0207
document's effective date on the				,g , 		
he record specifies a dela The 90th day after the			not an effect	ive time, at 1	.2:01 a.m. on	the earlier o
Dated March 4		2024	<u></u> .			
Beaugury	W The	~~	1 A A >)			
· A augurg	Signature	of a member or at	thorized represen	ntative of a membe	er	

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Filing Fee: \$25.00