L23000133959

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	

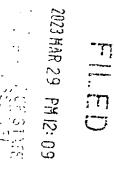




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COVER LETTER

TO: Registration Division of C			
	ookkeeping Services, LLC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kryssi Murrell		
		Name of Person	
	K & K Bookkeeping Servi	ices LLC	
		Firm/Company	
	2040 Delta Way		
		Address	
	Tallahassee, FL 32303		
		City/State and Zip Code	·····
	kryssi@lillyfieldsolutions.c	om to be used for future annual report noti	Contino)
For further information	concerning this matter, please c		nemon)
Kryssi Murrell		850 567-1365	
Name of Person			e Telephone Number
Enclosed is a check for	the 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 (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & K Bookkeeping Services LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
. The Articles of Organization for this Limited Liability Company	were filed on 3/15/202	and assigned
Florida document number L23000133959		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
Principal office address MUST BE A STREET ADDRESS)		D23
		- IAR
		, 72
Enter new mailing address, if applicable:	NIR	- SS4
Mailing address MAY BE A POST OFFICE BOX)		1 s R
		-11 09
8. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our record	ls, enter the name of the new regis
New Registered Office Address:	Enter Florida str	vet address
	City	, Florida 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>	<u>Address</u>	Type of Action
TREA	Katherine Lilly	2040 Delta Way	□Add
		Tallahassee FL 32303	■Remove
			Change
SEC	Kryssi Murrell	2040 Delta Way	□Add
		Tallahassee, FL 32303	≣Remove
			□Change
		-	Dbdd
			□Remove
			Change
			□Add
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3/26 ted	 	,	,	2023							
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	/	/ Signal	are of a III	ennor of	aanonzeu l	oprosentat	are or a mic	ance)			
	yssi Murrell										

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