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(Re	equestor's Name)	
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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			•				
	ke to make an amendment in m	v business' name.	•				
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	oondence concerning this matter	to the following:					
	Blonze Gelin						
		Name of Person					
	BG TAX PREP & MULTI	-SERVICES LLC					
		Firm/Company	2074 SEC				
	224 NE 39TH COURT		SECRETATION OF THE				
		Address	· · · · · · · · · · · · · · · · · · ·				
	DEERFIELD BEACH, FL	ORIDA 33064					
		City/State and Zip Code					
	BLONZEG@YAHOO.CO		in w				
		to be used for future annual report notif	ication)				
For further information	concerning this matter, please c	all:					
BLONZE GELIN		954 204-5821 at ()					
Name	of Person		: Telephone Number				
Enclosed is a check for	the following amount:						
□ \$25.00 Filing Fcc	■ \$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		Street Address: Registration Sec	ction				
Division of Corporations		Division of Corp	Division of Corporations				
P.O. Box 63		The Centre of T					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BG TAX PREP & MULTI-SERVICES 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 $\frac{05/01/2023}{100}$ and assigned Florida document number L23000213240 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BG INSURANCE TAX PREP & MULTI-SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
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			□Remove
			Change
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be pr			(option	nal)		
f an effective date is listed, the date must be specific and cannot be pr Note: If the date inserted in this block does not meet the app	rior to date of t dicable statu	filing or more th tory filing rea	an 90 days after f airements, this	iling.) Purs date will:	uant to 60: not be list	5.020 ted as
document's effective date on the Department of State's recor	rds.		•			
e record specifies a delayed effective date, but not an effective rd is filed.	e time, at 12	:01 a.m. on th	earlier of: (b)	The 90t	h day afte	er the
ta is med.						
Dated MARCII 22 2024						
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A Company of the Comp						
Signature of a member or at	uthorned rem	esentative of a	nember			