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(Requestor's Name)
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Certified Copies Certificates of Status
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COVER LETTER

	Registration Se Division of Cor					
SUBJECT		untanst Services LLC				
SUBJECT: Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rett	arn all correspo	ndence concerning this matter	to the following:			
		Maria C Duran Orama				
			Name of Person			
			Firm/Company			
	7740 West 28th Ave Apt 207					
		Address				
		Hialcah, FL 33018				
		angelichina9369@gmail.coi	City/State and Zip Code Ti to be used for future annual report note	fication)		
For further	r information c	oncerning this matter, please co	·			
Maria C I	Duran Orania		786 263 1362			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed i	is a check for th	ne following amount:				
\$25.0	0 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)		
_	Tailing Addres Registration S		Street Address: Registration Sec	ction		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 AAA Accomanst 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 09/11/2023 and assigned Florida document number 1.23000421189 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AAA Accountants Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 , Florida

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.

Cay

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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