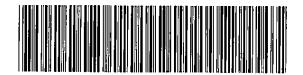
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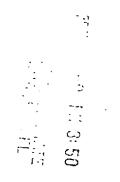
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(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	orations		
SUBJECT: Ffi	<u> </u>		vices LLC
	Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  The Luis  Name of Person  Efficient Accounting Securics Luc  Firm/Company)  45   Fort Pierce St SW  Address  Polm Boy Floridg 32908  City/State and Zip Code  Installed Commercial Commerci		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
•			
	C'hr	istic Luis	
			<del></del>
	Efficient	Accounting Se Firm/Company	ivices LLC
	451 Fo	rt Pierce S	t SW
	Polm Ba	1, FLorida	32908
	Instacle	ancammer <b>c</b> ial	a(mail.com
For further information cor	cerning this matter, please ca	all;	. ::
Ricardo	Luis	/	•
realite of r	cison	Alea Code Days	ine reseptione (varioe)
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Se Division of Co		Street Address: Registration S Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Efficient Ac	counting Services 110
(Name of the Limited L) (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L24000172	ity Company were filed on 01/08/24 and assigned 355.
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:  "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 A	
<u></u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
•	
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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
			□Add
			□ Remove
			□Change
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			Add  Remove  Collaboration Change  Collaboration Change  Collaboration Change  Collaboration Change
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Tective date, if other an effective date is listed, the	ie date must be spec	ific and cannot be prior	to date of filing or m	ore than 90 days after	t <b>ional)</b> er filing.) Pw	rsuant to 605.020
ote: If the date inserted ocument's effective date	in this block does	s not meet the applic	able statutory filin	g requirements, th	iis date will	not be listed a
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record specifies a delayer is filed.	d effective date, b	out not an effective ti	ime, at 12:01 a.m. o	on the earlier of: (	(b) The 90	th day after the
ated August	5	. 2024	<u> </u>			
		10		<del></del>		
	Signatur	e of a member or author	orized representative	of a member		
	/ 1	, l.				

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