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T IL E D

	COVER LETTER
TO:	Registration Section Division of Corporations
SUBJI	ECT: DAJSINESS, ACCOUNTING, LTAX SOLUTIONS, LLC Name of Limited Liability Company
The en	sclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jihad Delbani Name of Person BUSINESS, ACCOUNTING, & TAX SULUTIONS LE
	4225 NW 72nd Ave
	Miumi Fl 33166 City/State and Zip Code Juyu. delbani @ gmail.com E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	TI . 1 Dallas 181 715-967D

Tinad Delbani at (786) 705-9870

Name of Person Area Code Daytime 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 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

BUSINESS ACCOUNTING, L.T.AX SOUTIONS, 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 1/22/24 and assigned Florida document number L 24 0000 40 559. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GLUBAL BUSINESS, ACCOUNTING, & TAX SULUTIONS, 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:

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

Enter Florida street address

If a set ag 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
			□Add
			□Remove
		 -	Change
			□Add
			□Remove
			Change
			□Add
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			□ Change



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7. II aii	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	January 26th . 2024.
	- ACUS
	Signature of a member or authorized representative of a member
	Tihad Delbahi Typed or printed name of signee