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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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## COVER LETTER

	Registration S Division of Co		*	•			
		ccounting Solutions LLC					
SUBJEC	Л:	Name of Lin	nited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all corresp	ondence concerning this matter	to the following:				
			Eleshia Hutchinson				
			Name of Person		_		
			Firm/Company		_		
			1114 SE 15th ST		(/) (1 <sup>(1)</sup>	202	
			Address		_>EE	Α	
			Cape Coral FL 33990		AAA AAA	2024 APR 25	i
			City/State and Zip Code		383. 48.		
			eleshia@elitebizaccounts.cor			AM	Į,
For first	wr information	E-mail address: ( concerning this matter, please o	to be used for future annual report not	ification)	FLE	9: 25	7
		concerning this matter, prease c	ш.		, . ,	Ο,	
Eleshia I	Hutchinson		706 4148408 at ( )				
	Name	of Person		ne Telephone Numb	er		
Enclosed	l is a check for	the following amount:					
□ <b>\$</b> 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	cate of Sta	tus &	
	Mailing Addre		Street Address:	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations				
	P.O. Box 63:		The Centre of				
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite	810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Biz Accounting So ed Liability Compa (A Florida Limited	lutions LLC any as it now appears Liability Company)	on our records.)	R 25 M
The Articles of Organization for this Limited Li Florida document number		were filed on	04/11/2024	En cand assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited lial	oility company her	<u>·e</u> :	
EliteBiz Accounting LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the des	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	· N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and/or ragent and/or the new registered office address			cords, <u>enter the n</u>	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	• Enter Floriz	la street address	
		13/100- 1 11//10		
	·	City	, Florida	Zin 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			□Remove
		<del></del>	□Change
			□Add
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\_\_\_\_\_ □Change

D. II amending any other into N/A	rmation, enter change(s) here: (Attach	auattional sneets, ij necessary.)
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Note: If the date inserted in th	must be specific and cannot be prior to date of fi	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (3 Kb ory filing requirements, this date will not be listed as the
If the record specifies a delayed effi record is filed.	ective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after the
Dated April 19	2024	
	Hutchinson 8.	
	Signature of a member or authorized repre	sentative of a member
	Eleshia Hutchinson	1

Typed or printed name of signee