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K. SALY

JUN 19 2024

## **COVER LETTER**

SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Mike Town  Name of Person  Legalzoom.co:m, Inc.  Firm/Company  9900 Spectrum Dr  Address  Austin. TX 78717  City/State and Zip Code holovachtp@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mike Town  Name of Person  Name of Person  Daytime Telephone Number	TO: Registration S Division of Co			
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Mike Town  Name of Person  Legalzoom.com, Inc.  Firm/Company  9900 Spectrum Dr  Address  Austin. TX 78717  City/State and Zip Code holovachlp@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mike Town  800 773-0388				
Please return all correspondence concerning this matter to the following:    Mike Town	Source:		ited Liability Company	· <u>-</u> -
Name of Person  Legalzoom.com, Inc.  Firm/Company  9900 Spectrum Dr  Address  Austin, TX 78717  City/State and Zip Code holovachlp@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mike Town  800 773-0888 at (			-	
Legalzoom.com, Inc.  Firm/Company  9900 Spectrum Dr  Address  Austin. TX 78717  City/State and Zip Code holovachlp@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mike Town  800 773-0888		-	to the tonowing.	
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Mike Town 800 773-0888		E-mail address: (	to be used for future annual report notifi	cation)
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	Name o	il Person		Telephone Number
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



OVIVIA LLC		LE)
(Name of the Limited 1	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liabi	lity Company were filed on 05/28/2024	and assigned
Florida document number L24000243802		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Accounting Olivia's LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
!		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
· *		
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	3
	£1.	orida
···	City	Zip Code:
New Registered Agent's Signature, if changing Regi	stered Agent;	

1.11

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

To:

\_ 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 = Ma $AMBR = Au$	mager thorized Member		·
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			C Change
			D Add
<del></del>			Remove
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lf an efle <u>Nute:</u> l	re date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date  f the date inserted in this block does not meet the applicable s  nt's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated _	06/18/2024	
_	11	<i>! -</i> -

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Typed or printed name of signee

Filing Fee: \$25.00