



Office Use Only



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## **COVER LETTER**

	Registration Sec Division of Corp						
elib iez	Kim Bookee T:	ps LLC					
SUBJEC	1.	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub					
Please ret	urn all correspor	dence concerning this matter	to the following:				
		Thien Kim Huynh					
			Name of Person				
		Kim Bookeeps					
		<del></del> -	Firm/Company				
		1290 SE 6th Terrace					
			Address				
		Pompano Beach, FL 33060					
		kimbookkeeps@gmail.com	City/State and Zip Code				
		lication)					
For furthe	er information co	ncerning this matter, please ca	all:				
Thien Kir	m Huynh		831 521-2798				
	Name of	Person	at () Area Code Dayting	e Telephone Number			
Enclosed	is a check for the	e following amount:					
□ \$25.0	00 Filing Fee	S30.00 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)			
1	Mailing Address	<u>:</u>	Street Address:				

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**

e Articles of Organization for this Limited Liability Company	Liability Company)	ecords.)		<del></del>	
. 124000335496	were med on		ar	nd assig	ined
orida document number 1.24000335496					
is amendment is submitted to amend the following:					
If amending name, enter the new name of the limited liab	oility company here:				
n Bookkeeps LLC					
new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the	abbreviati	on "L.L.	.C."
ter new principal offices address, if applicable:					
cincipal office address MUST BE A STREET ADDRESS)				024	
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If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, <u>c</u>	nter the na	<u>me of th</u>	e new	regist
Name of New Registered Agent:		<u>-</u>			
New Registered Office Address:					
	Enter Florida street a	uddress			
		Florida _			
	City		Zip	Code	

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action \_\_ 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove □Add \_\_\_\_\_ □Remove \_\_\_\_\_\_ Change □Add \_\_\_\_ □ Add \_\_\_ □Remove \_\_\_\_ □Change

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Signate/e of a member or authorized representative of a member	is filed.	2024	_·		
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Filing Fee: \$25.00