## L24000358106

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:

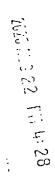
Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

то:	Registration Se Division of Cor		÷	
SUBJEC		E CPA PARTNERS LLC		
SUBJEC	-l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Adrian Alisie		
			Name of Person	
		Bluezone CPA Partners		
			Firm/Company	<del></del>
		2170 Schulz Way		
			Address	
		The Villages, Florida, 321	63	
			City/State and Zip Code	
		adrian@bluezoneepa.com	to be used for future annual report t	anifoni m
For furth	er information c	oncerning this matter, please c		iouncation)
Adrian A	Misie		551 221 6669	
	Name o	f Person		nime Telephone Number
Enclosed	l is a check for th	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address Registration	
	Division of C	Corporations	Division of C	Corporations
	P.O. Box 632	.7	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022:11322 Pii 4:29 BLUEZONE CPA PARTNERS 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 August 15, 2024 and assigned Florida document number \_\_\_\_\_L24000358106 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BLUEZONE CPA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2170 Schulz Way Enter new principal offices address, if applicable: The Villages, FL, 32163 (Principal office address MUST BE A STREET ADDRESS) 2170 Schulz Way Enter new mailing address, if applicable: The Villages, FL, 32163 (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.

City

lf Changing Registered Agent, Signature of New Regi	stered Agent
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Enter Florida street address

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>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			Change
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Tective date, if o	her than the date	of filing:		(optional)	
m effective date is lis	ted, the date must be sp	ecific and cannot be prior	to date of filing or more thable statutory filing req	an 90 days after filing.) f	
		nent of State's records.		merrend, ms dice -	III III III III III III III III III II
ecord specifies a d is filed.	elayed effective date	but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
ated August 18	$\bigcap$ .	2025			
	<del>-                                    </del>	,	<del></del> ·		
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Typed or printed name of signee