L2400U395395

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOOK Reeping Solutions by aina, LLC Same of United Embility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gina Ventidos Name of Person
Bookkeeping Solutions by Gina
12585 Tropic Dr. E.
Jacksonile Fl. 3025 City/State and Zip Code GVENTIPOS 13 e gmail - com E-mail address (to be used fortable annual report notification)
E-mail address (to be used fortial re-annual report notification)
For further information concerning this matter, please call:
Gira Ventidos at (904) 219-5986 Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

BOOKKeeping Solutions by Gina

M Florida Limi	ted Liability Company)		
The Articles of Organization for this Limited Liability Comp. Florida document number $\underline{L24000395395}$		110/24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company here:		
The new name must be distinguishable and contain the words "Limited I.	iability Company," the design	nation "LLC" or the abbrev	riation "L.L,C,"
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our recoi	rds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	, ne = 1.1.
	, Florida		
	City		Zip 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Gina Ventidos	12585 Tropic Dr. E.	t=Xdd
		Jacksonville, 71. 3222	25 Remove
			□ Change
m <u>GR</u>	Benjamin Venticlos	12585 Thpic Dr. E.	FLAdd
		Jacksonville, Fl. 3222	05 □Remove
			□Change
			IIAdd
			TRemove
			☐ Change
			CAdd
			□Remove
			□Change
			□ Change
			□Add
			(☐Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated October 22 . 2021