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COVER LETTER

	ration Secon on of Corp	ction porations		. "		
_	• inshine In	vestments of Dade LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The analogued A	wialag of	Amendment and fee(s) are sub	mitted for Glina			
			-			
Please return all	correspo	ndence concerning this matter	to the following:			
			Marlene Hernandez			
			Name of Person			
		Sunshi	ne Investments of Dade, LLC			
			Firm/Company			
			8874 NW 111 Terrace			
			Address			
		Hi	aleah Gardens, FL 33018			
			City/State and Zip Code			
		MarleneHernandezCPA@g	mail.com			
		E-mail address: (to be used for future annual report no	lification)		
For further info	rmation co	oncerning this matter, please c	all:			
Marlene Hernai	ndez		305 915-2511 at ()			
	Name of	f Person	Area Code Daytin	me Telephone Number		
Enclosed is a ch	eck for th	e following amount:				
■ \$25.00 Filin		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	g Address		Street Address:			
Registration Section				Registration Section		
Division of Corporations			Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314				oe Street, Suite 810		
i anai	iassee, f	レンとストサ	2713 N. MUIII	oc bucci, built 610		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Investments of Dade LLC	
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liabili	lity Company were filed on 01/11/2021	and assigned
Florida document number	_ ·	
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 Geeks LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	O" 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 MAV RE A POST OFFICE ROY	<u> </u>	, , .
Mailing address MAY BE A POST OFFICE BOX	<u></u>	, , , ,
Maning address MINI BE ATTOOT OF THEE BOX		
Maning unarts, MATE BEAT TOOL OF THEE BOX		
3. If amending the registered agent and/or regis		the name of the new regist
3. If amending the registered agent and/or regis		the name of the new regist
B. If amending the registered agent and/or registered agent and/or the new registered office address he		the name of the new regist
3. If amending the registered agent and/or registered agent and/or the new registered office address he Name of New Registered Agent:		
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:	ere: Enter Florida street addre	

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
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Iffective date, if other than the an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the Document.	ock does not meet the applicable st	(optional) coffiling or more than 90 days after filing tatutory filing requirements, this date) g.) Pursuant to 605.0207 e will not be listed as
record specifies a delayed effectiv l is filed.	e date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) T	he 90th day after the
August 30	. 2023		
~	Wales of the wales		
	Signature of a member or authorized	representative of a member	
	Marlene Hernane	das	
	Typed or printed nam		

Filing Fee: \$25.00