

**LD800005935**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
**L. SELLERS**  
DEC 19 2011  
**EXAMINER**

Office Use Only



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12/15/11--01012--005 \*\*60.00

**FILED**  
11 DEC 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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Robert J. Berney, CPA, MBA  
Jay B. DuBoff, CPA, MST  
John L. Abitante, CPA, MST  
[www.bda-cpa.com](http://www.bda-cpa.com)

December 14, 2011

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed please find forms regarding articles of amendment from Berney, DuBoff & Abitante CPAS PL to Berney & Abitante CPAS, PL and a check in the amount of \$60.00 for the filing fee, Certificate of Status and Certified Copy.

Do not hesitate to contact me if you have any questions.

Very truly yours,

Robert Berney, CPA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BERNEY & ABITANTE CPAS, PL**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ROBERT BERNEY**  
Name of Person

**BERNEY & ABITANTE CPAS, PL**  
Firm/Company

**9700 SOUTH DIXIE HIGHWAY SUITE 500**  
Address

**MIAMI, FL 33156**  
City/State and Zip Code

**BBERNEY@BDA-CPA.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**LAWRENCE A. SAICHEK** at ( **305** ) **577-3902**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

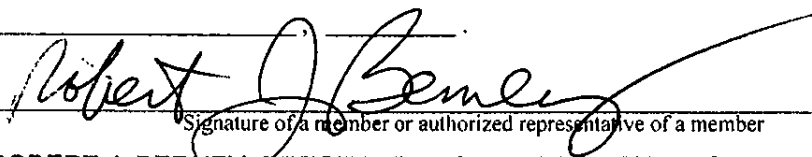
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BERNEY & DUBOFF CPAS	9700 SOUTH DIXIE HIGHWAY SUITE 500 MIAMI, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROBERT J. BERNEY CPA	9700 SOUTH DIXIE HIGHWAY SUITE 500 MIAMI, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Dated \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 ROBERT J. BERNEY, PRESIDENT, ROBERT J. BERNEY, CPA, PA, MANAGING  
 \_\_\_\_\_  
 Typed or printed name of signee