

LO8000055935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

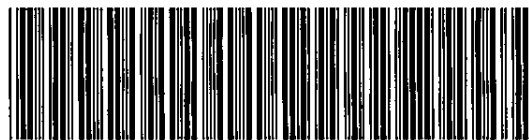
(Business Entity Name)

(Document Number)

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OCT 01 2014  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2014

LAWRENCE A. SAICHEK  
55 MERRICK WAY, SUITE 401  
CORAL GABLES, FL 33134

SUBJECT: BERNEY & ABITANTE CPAS, PL  
Ref. Number: L08000055935

We have received your document for BERNEY & ABITANTE CPAS, PL and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 714A00019598

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BERNEY & ABITANTE, CPAS, PA**  
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:

**LAWRENCE A. SAICHEK**

Name of Person

Firm/Company

**55 MERRICK WAY, SUITE 401**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**LASLAW18@AOL.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

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 2014 SEP 24 PM 12:57  
 TALLAHASSEE FL 32301  
 DEPARTMENT OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BERNEY & ABITANTE CPAS, PL**

(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 06/06/08 and assigned Florida document number L08000055935

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BERNEY, GITLIN & ABITANTE CPAS, PLLC *AK*

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

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STATE OF FLORIDA

**Enter new mailing address, if applicable:**

(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: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**  
**AMBR = Authorized Member**

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

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 FILED  
 TALLAHASSEE FLORIDA

**FILED**

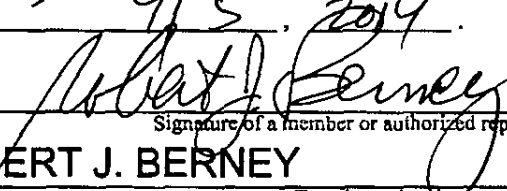
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated ~~8/15~~ <sup>rb</sup> 9/5, 2014

  
Signature of a member or authorized representative of a member

ROBERT J. BERNEY

Typed or printed name of signee

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Filing Fee: \$25.00

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