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Division of Corporations Electronic Filing Cover Sheet

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(((H12000167902 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number: I20110000070

Phone : (305)541-3980

Fax Number : (305)541-7033

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VAN DELFT & ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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C. LEWIS

JUN 2 6 2012 **EXAMINER**

GOVER LETTER

H120001679023

	. <u></u>	OUVERTE LER	
TO: Registration : Division of Co			
SUBJECT:	VAN DELFT	& ASSOCIATES, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		MOSES NAE	
		Name of Person	
	ACCO	JNTANT & MANAGEMEN	NT
		Firm/Company	
		1549 NE 123RD ST	
		Address	
	NO	ORTH MIAMI, FL 33161	
		City/State and Zip Code	
	INFO@SOLU E-mail uddress: (TIONSBYACCOUNTANT to be used for future annual report no	rs.com
For further information	concerning this matter, please (-	
MOSES NAE		at (_305_)	541-3980
Name of Person		Area Code & Dayti	ime Telephone Number
Enclosed is a check for	the following amount:		
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & ed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H12001679023

12 JUN 25 PM 3: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the United	Liability Company as it now appears	<u>_(;</u>	
(A	Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Li-	ability Company were filed on	05/20/2011	and assigned
Florida document numberL11000059	591		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)			
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE I B. If amending the registered agent and/oregistered agent and/or the new registered off	r registered office address on ou	r records, enter t	
	ACCOUNTANT & MANAGEI	MENT	
Name of New Registered Agent:		VICIA I	
New Registered Office Address:	1549 NE 123RD ST	r Florida street add	7085
	NORTH MIAMI City	, Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		-
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this o	oper and complete performance of tered agent as provided for in Cha egistered office address, I hereby c	my duties, and I a pter 608, F.S. Or, onfirm that the lin	m familiar with and if this document is

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>	Type of Action
MGRM	ANTON J KOOLE	16699 COLLINS AVENUE APT 3106 SUNNY ISLES BEACH FL 33160 US	Add Remove
			Add Remove
			_□ Add _□ Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	T2 JUN 25 PH 3:
		TO THE	-ED PH 3: /3
Dated		2012	
•		ber or authorized representative of a member	
		ESLIE VAN DELFT ed or printed name of signeo	

Page 2 of 2

Filing Fee: \$25.00