

L12000002467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

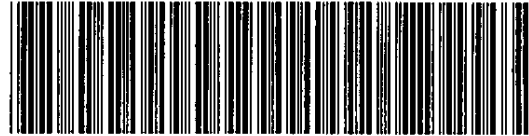
(Business Entity Name)

(Document Number)

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NOV 16 2016
16 NOV -11 AM 10:18
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J. HARRIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2016

KEITH D HACKENBERG
KDH LEGAL, PLLC
PO BOX 150061
ALTAMONTE SPRINGS, FL 32715

SUBJECT: HEATHROW ACCOUNTING ASSOCIATES, LLC
Ref. Number: L12000002467

RECEIVED
2016 NOV -4 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HEATHROW ACCOUNTING ASSOCIATES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P15000089313.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00021576

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV -4 AM 10:18

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

HEATHROW ACCOUNTING ASSOCIATES, LLC

(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 1/5/2012 and assigned Florida document number L12000002467.

This amendment is submitted to amend the following:

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

~~HEATHROW ACCOUNTING SOLUTION, LLC~~ Tiller & Sheets, LLC

The new name must be distinguishable and contain 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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| | CLERK OF CIRCUIT COURT |
| | 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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-----------------------|--|
| AMBR | CRAIG J. SHEETS | 1479 SUNSHADOW DR | <input type="checkbox"/> Add |
| | | APT 207 | <input type="checkbox"/> Remove |
| | | CASSELBERRY, FL 32707 | <input checked="" type="checkbox"/> Change |
| AMBR | PATRICK D. TILLER | 836 ASHBROOKE COURT | <input checked="" type="checkbox"/> Add |
| | | LAKE MARY, FL 32746 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 SEPTEMBER 22, 2016

Craig J. Sheets (Handwritten signature)

Signature of a member or authorized representative of a member

CRAIG J. SHEETS

Typed or printed name of signee

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