## LDBDCC5735

(Requestor's Name)			
(Address)	40021		
(Address)	10021		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	12/15/11		
(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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SECRETABY OF STATE



Robert J. Berney, CPA, MBA Jay B. DuBoff, CPA, MST John L. Abitante, CPA, MST 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**

Division of	Corporations			
SUBJECT:	BERNEY & ABITANTE CPAS, PL			
	Name of Limited Liability Company			
The enclosed Article	s of Amendment and fee(s) are submitted for filing.			
Please return all corre	espondence 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	on concerning this matter, please call:			
<del></del>	RENCE A. SAICHEK at ( 305 ) 577-3902  Area Code & Daytime Telephone Number			
Nai	ne of Person Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

BERNEY, DU	JBOFF & ABITANTE C	PAS, PL		
( <u>Name of the Limited Li</u> (A FI	ability Company as it now appear orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabi	ility Company were filed on	06/06/2008	and assigne	ed
Florida document number L0800005593				
This amendment is submitted to amend the following	ing:		•	
A. If amending name, enter the new name of th	e limited liability company her	<u>:c</u> :		
BERNE	EY & ABITANTE CPAS, PL	-		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	any," the designation "L	LC" or the abbre	viation
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
	•			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO				
				<del></del>
B. If amending the registered agent and/or	registered office address on o	our records, enter ti	he name of th	e new
registered agent and/or the new registered office		, ,	740 ·	
				THEFT
Name of New Registered Agent:				* arrangement
New Registered Office Address:			<u> </u>	Ç.
	En	ter Florida street addi	F 2	T
-		, Florida	- CS 72	
	City		A code	
New Registered Agent's Signature, if changing Reg	istered Agent:		<b>5</b>	

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 608, 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 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 **Title** Name **Address** Type of Action MGRM BERNEY & DUBOFF CPAS 9700 SOUTH DIXIE HIGHWAY Remove SUITE 500 MIAMI, FL 33156 ROBERT J. BERNEY CPA MGRM 9700 SOUTH DIXIE HIGHWAY √ Add Remove SUITE 500 MIAMI, FL 33156-☐ Add Remove Add 🗌 Remove ∐Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Page 2 of 2

Filing Fee: \$25.00

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