

LD2000013307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

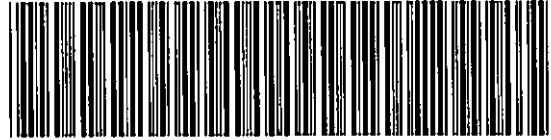
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

✓ SALY
SEP 27 2018



ABARE, KRESGE
— & —
ASSOCIATES CPAS, LLC

1200 Plantation Island Drive, Ste. 230 St. Augustine, FL 32080 904.460.0747 904.209.2000 fax

Amendment to the Articles of Organization of a Florida Limited Liability Company

Abare, Kresge & Associates CPAs, LLC

904-669-6419 Bill Abare

1200 Plantation Island Drive, Ste. 230

St. Augustine, FL 32080

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KRESGE, PLATT & ABARE CPAs, LLC

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:

WILLIAM T. ABARE III

Name of Person

ABARE, KRESGE & ASSOCIATES CPAs, LLC

Firm/Company

1200 PLANTATION ISLAND DRIVE SOUTH, SUITE 230

Address

ST. AUGUSTINE, FL 32080

City/State and Zip Code

BABARE@KPACPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM T. ABARE III 904 669-6419

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

KRESGE, PLATT & ABARE CPAS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 31, 2002 and assigned
Florida document number L02000013307.

This amendment is submitted to amend the following:

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

ABARE, KRESGE & ASSOCIATES CPAS, 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)

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:

WILLIAM T. ABARE III

New Registered Office Address:

1200 PLANTATION ISLAND DRIVE SOUTH, SUITE 230

Enter Florida street address

ST. AUGUSTINE

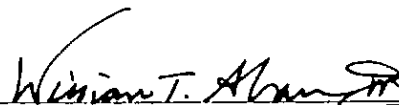
City

Florida 32080

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>
MGR	BENJAMIN L. PLATT		<input type="checkbox"/> Add
		1200 Plantation Island Dr. #230	
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

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SECURITY
INTELLIGENCE, FLORIDA

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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.

Dated SEPTEMBER 24, 2018

2018

William T. Alameddine

Signature of a member of author(s)

Signature of a member or authorized representative of a member

Typed or printed name of signee