

L 04000089583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

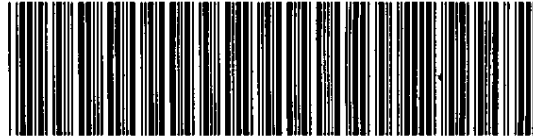
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800268416528

800268416528  
01/16/15--01015--029 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 13 PM 4:06

FILED

1 Bush FEB 16 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MARIA L. PATE, CPA P.L.**

\_\_\_\_\_  
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:

**MARIA P HAYES**

\_\_\_\_\_  
Name of Person

**CPA ACCOUNTING & TAX SOLUTIONS**

\_\_\_\_\_  
Firm/Company

**5659 STRAND COURT, SUITE 104**

\_\_\_\_\_  
Address

**NAPLES , FL 34110**

\_\_\_\_\_  
City/State and Zip Code

**MARIA.HAYES@CPAACCTAX.COM**

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

For further information concerning this matter, please call:

**MARIA HAYES**

\_\_\_\_\_  
Name of Person

**239**

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

**596-6050**

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

15 FEB 13 AM 10:00

RECEIVED

January 29, 2015

MARIA P HAYES  
5659 STRAND COURT STE 104  
NAPLES, FL 34110

SUBJECT: MARIA L. PATE, CPA, P.L.  
Ref. Number: L04000089583

We have received your document for MARIA L. PATE, CPA, P.L. and your check(s) totaling \$55.00. 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.

Tim Burch  
Regulatory Specialist II

Letter Number: 715A00001818

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

MARIA L. PATE, CPA P.L.

(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 01/01/2005 and assigned Florida document number L04000089583.

This amendment is submitted to amend the following:

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

Maria P. Hayes, C.P.A. & Associates, PLLC

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)

FILED  
15 FEB 13 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, 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>
SEC	MARISSA FLOWERS	5659 STRAND CT, SUITE 104	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34110	<input type="checkbox"/> Remove

MGR	Jina Hernandez	5659 Strand Ct	<input checked="" type="checkbox"/> Add
		Naples, FL 34110	<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

FILED  
 SEP 13 PM 1:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

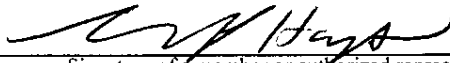
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Owner was married and now name is  
Maria Poynter Hayes; name has been  
changed on S.S. Card + Drivers License.

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 Jan 12, 2015.



Signature of a member or authorized representative of a member

Maria P. Hayes

Typed or printed name of signer

**FILED**  
15 FEB 13 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA