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**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations							
SUBJECT: Ja	ackson & Carroll. Cer	tified Public Accountant	ts. LLC				
SUBJECT.		ited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
		Mona Jackson	<del></del>				
		Name of Person					
,	Jackson & Carro	II, Certified Public Account	ants, LLC				
		Firm/Company					
	:	376 W. Chase Street					
		Address					
		Popogodo El 22502					
		Pensacola, FL 32502 City/State and Zip Code		2012 2012			
	mo	onajack@bellsouth.net		2012 JAN 23 Seore Tary			
	E-mail address: (	to be used for future annual report notif	ication)	1 23 1 23 1 23 1 23			
For further information	concerning this matter, please o	call:		mg 🛖 🖡			
N	lona Jackson	at ( 850 )	437-9870				
Name	of Person	Area Code & Daytim	e Telephone Number	COL.			
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		of Status &			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURI Registration Section Division of Corpor Clifton Building	n				
Tallahassee, FL 32314		2661 Executive Center Circle					

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Richard A Carroll Certified Public Accountant, LLC

(Name of the Limited 1 (A)	lability Company as it now appears lorida Limited Liability Company)	on our records.			
The Articles of Organization for this Limited Lia Florida document number	• • •	1/1/2007	and assigned		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liability company here	:			
Jackson & Carr	oll, Certified Public Accounta	nts, LLC			
The new name must be distinguishable and end with L.L.C."	the words "Limited Liability Compan	y," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applical	ble:				
Principal office address MUST BE A STREET	ADDRESS)		20 D		
			अपूर्ण ⊆ लिस		
			SE N		
Enter new mailing address, if applicable:			N 23 N		
Mailing address MAY BE A POST OFFICE BOX)			70 - 17		
	<del></del>				
			<del>*************************************</del>		
3. If amending the registered agent and/or registered agent and/or the new registered offi	<u>ce address here</u> :	ır records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Mona Jackson				
New Registered Office Address:	3509 Sycamore Lane				
	Enter Florida street address				
	Gulf Breeze	, Florida	32563		
	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 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 **Address Type of Action Name** Mona Jackson MGRM 3509 Sycamore Lane ✓ Add Remove Gulf Breeze, FL 32563 ☐ Add Remove ☐ Add ☐ Remove Remove Remove \_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 16 2012 Dated Signature of a member or authorized representative of a member Richard A. Carroll Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00