# LONDODDAM3

(F	Requestor's Name)			
(F	Address)			
· · · · · ( <i>F</i>	Address)			
. (0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
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EXAMINER



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06/26/08--01033--014 \*\*25.00

SECRETARY OF STATE

08 JUN 26 PM 2: 2

## **COVER LETTER**

TO: Registration S Division of Co		5v. ·	*
SUBJECT: Allied E	Business Solutions, L	LC ited Liability Company)	··········
	(/ (4.1.1.0 01 2.1.1.1	med Editing Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sandra DeLancer		<u>.</u>
		(Name of Person)	
	Allied Business Solutions	s, LLC	
		(Firm/Company)	<del></del>
	P.O. Box 180872		
		(Address)	
	Casselberry, FL 32718		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
		004 070 5000	e <sub>te</sub> s
(Nome of Person)		at (_321)_279-5829  (Area Code & Daytime Telephone Number)	
w,	of Person)	(Alea Code & Daytime 1	ciephone (valued)
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	□\$60.00 Filing Fee, Certificate of Status &
195 - Tollow A. 185 - 18	the second	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
enter esperante de la companya de l La companya de la co		•	·
MAILING ADDRESS:		STREET/COURIER	ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Allied Business Solutions, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appears on our records.</u> ) ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on 01/18/2007	and assigned	
Florida document number L0100000003			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Allied Accounting Group, LLC			
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		***	
Enter new mailing address, if applicable:	P.O. Box 180872		
(Mailing address MAY BE A POST OFFICE BOX)	Casselberry, FL 32718		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here			
Name of New Registered Agent:	PS FC FC AR	2000	
New Registered Office Address:	ASS (Enter Florida street addre	26	
	ج Florida على المستواط	N O	
	(City)	(Zip Gode)	
New Registered Agent's Signature, if changing Registered Agent:	•		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

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**  □ Add Remove Add
 Remove **□** Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 6/24/08 Dated or authorized representative of a member

Page 2 of 2

Delancer Typed or printed name of signee

Filing Fee: \$25.00