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EXAMINER



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SECRETARY OF CONFORMING.

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Allied Accounting Group, 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:					
Sandra VallEJO Name of Person					
Allied Accounting Group Firm/Company					
P. O. Box 180872					
P. D. Box 180872 Address Casse/berry FL 32718 City/State and Zip Code SVALLE 5007 @ ACC. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Samo Valle 30 at (321) 279-5879 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

J

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

Name of the Limited Liability Compan (A Florida Limited Li	ry as It now appears on our records.) ability Company)	<u>C</u> _	
The Articles of Organization for this Limited Liability Company of Florida document number 40700006693	(6/27)	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
STRAtegic Accounting	Consultants &		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LL	.C" or the abl	breviation
Enter new principal offices address, if applicable:		16	SI SI
(Principal office address MUST BE A STREET ADDRESS)		<u>_</u>	夏至
		<u></u>	923
		P	
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u>_</u>	pr 14.
		رن ا	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		e name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre		
	Enter riorida street adaress		
	, 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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
 			Add Remove
······································			Add Remove
D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
′ -			-
- -			
Dated	Jay 25th, 20	<u>10</u> .	-
	Signature of a member		
	SANDRA	Jalle JD or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00