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JUL 16 2008

**EXAMINER** 



300132436693

07/15/08--01023--008 \*\*25.00



## **COVER LETTER**

Division of Cor	porations	•		
SUBJECT: CONSU	JLT MY CPA, LLC			
<u></u>	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Marian Jacklich			
	- Indian Backlieff	(Name of Person)		
		,		
	Marian Jacklich, C.P.A.		1.000	
		(Firm/Company)		
·	1441 Fortune Retail Ct. #	144		
		(Address)		
,	Kissimmee, FL 34744			
		(City/State and Zip Code)		
For further information c	concerning this matter, please c	all:		
Marian Jacklich		at (_407344-0733		
(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a check for the	he 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:

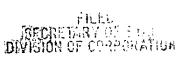
TO:

**Registration Section** 

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



08 JUL 15 PM 1:48

CONSULT MY CPA, LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited I Florida document number <sup>L070000</sup> 72060	Liability Company	were filed on July 11, 200	on and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
MJ CPA, LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Same as on file		
(Principal office address MUST BE A STRE.	ET ADDRESS)			
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		Same as on file		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	_		cords, <u>enter the name of the new</u>	
Name of New Registered Agent:	Same as on fil	e		
New Registered Office Address:		(Enter Fla	orida street address)	
			, Florida(Zip Code)	
		(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			☐ Add ☐ Remove		
			Add Remove		
D. If a	nending any other information, enter	change(s) here: (Attach additional sheets, if necessar	y.)		
Dated	7/11/08 Maria	n Laekliete			
	Signature of a  Marian Jacklich	member or authorized representative of a member			
		Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00