## LD7000079935

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## **COVER LETTER**

Division of Cor			
SUBJECT:	HANLON & ASS	SOCIATES, CPAS, LLC	
Name of Limited Liability Company			
	Amendment and fee(s) are sub	Ţ.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph Hanlon		
		Name of Person	
HANL		& ASSOCIATES, CPAS, LLC	2
		Firm/Company	<u> </u>
850 NW Federal Highway			
		Address	·
Stuart, FL 34994			
		City/State and Zip Code	
jhanlon@jphcpa.com  E-mail address: (to be used for future annual report notificat		tion)	
For further information co	oncerning this matter, please o	all:	
	eph Hanlon	at (	03-8158
Name of	Person	Area Code & Daytime 1	elepnone ivumber
Enclosed is a check for th	e following amount:		
<b>√</b> \$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		STREET/COURIED Registration Section	R 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

HANLON & ASSOCIATES, CPAS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/03/2007 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned L07000079935 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hanlon Accounting & Tax Services, CPA, LLC 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) 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 dade Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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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 Type of Action Title <u>Name</u> **Address MGRM** Joseph Hanlon 850 NW Federal Highway #192 Stuart, FL 34994 ✓ Add Remove MGR Ann Hanlon 850 NW Federal Highway # 192 ✓ Add ☐ Remove Stuart, FL 34994  $\prod$  Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011. Dated Signature of a member or authorized representative of a member Joseph Hanlon, Managing Member Typed or printed name of signee

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Filing Fee: \$25.00