

LO7000095295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

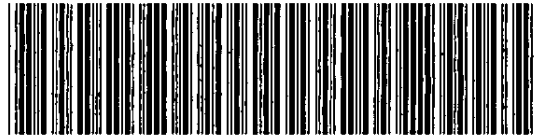
(Business Entity Name)

(Document Number)

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08 JUN 13 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. C. JUN 16 2008

Leininger Law Firm, P.A.

114 Palmetto Street, Suite 8
Destin, FL 32541

Michael R. Leininger
Attorney & Counselor at Law

Telephone: (850) 650-9916
Facsimile: (850) 650-9963

June 9, 2008

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

RE: Amendment to Articles of Organization for CONSTRUCTION ACCOUNTING
SERVICES, LLC

Dear Sir or Madam:

Please find the enclosed Amendment to the Articles of Organization for
CONSTRUCTION ACCOUNTING SERVICES, LLC, a Florida limited liability
company. I respectfully request that you forward these documents to the appropriate
department for timely filing and processing.

I have also enclosed funds in the amount of Twenty Five and 00/100 Dollars
(\$25.00) to cover the cost of the filing.

If there are any issues, questions or concerns relating to this request or any
deficiencies contained herein, please feel free to contact me via the office information
listed above in order to discuss the same.

Thank you in advance for your professional courtesy and immediate assistance in
this regard.

Sincerely,



Michael R. Leininger

MRL

Enclosures

cc: Construction Accounting Services, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONSTRUCTION ACCOUNTING SERVICES, 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:

MICHAEL R. LEININGER

(Name of Person)

LEININGER LAW FIRM, P.A.

(Firm/Company)

114 PALMETTO STREET, SUITE 8

(Address)

DESTIN, FLORIDA 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL R. LEININGER

(Name of Person)

at (850) 650-9916

(Area Code & Daytime Telephone Number)

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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**

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CONSTRUCTION ACCOUNTING SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/17/2007 and assigned
Florida document number L07000095295.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PENNY PINCHERS ACCOUNTING SERVICES, 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 address)

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ 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.)*

Dated June 9, 2008

Kelli M. Crockett

Signature of a member or authorized representative of a member

KELLI M. CROCKETT, MANAGING MEMBER

Typed or printed name of signee

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TALLAHASSEE FLORIDA