LOXUN 2498

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04/13/09--01027--004 **25.00



B. KOHR APR 1 5 2009 EXAMINER

COVER LETTER						
TO: Registration Section Division of Corporations						
SUBJECT: Bartram Financial Service, 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:						
LiLy Lai (Name of Person)						
(Firm/Company)						
14486 Cherry Lake Dr. West						
Jackson Ville, FL 32258 (City/State and Zip Code)						
For further information concerning this matter, please call:						
$\frac{LiLy Lai}{(Name of Person)} at (\frac{904}{228-6326}) = \frac{228-6326}{(Area Code & Daytime Telephone Number)}$						

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) ۲

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

rida document number $\frac{\angle 08\ 0\ 0\ 0\ 24\ 9\ 9\ 8}{2}$ s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: BARTRAM A CCOUNTING SERVICE, Level new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" of abo .C." er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: inling address, if applicable: inling address, if applicable: inling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of istered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)		
TO ARTICLES OF ORGANIZATION OF BARTRAM FUNANCIAL SERVICE, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Horida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on		
ARTICLES OF ORGANIZATION OF BARTRAM FIMANCIAL SERVICE, LLC (Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on		
<u>BARTRAM FIWANCIAL SERVICE, LLC</u> (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on <u>03/10/2008</u> anaassig rida document number <u>LOB 0000 24 998</u> . s amendment is submitted to amend the following: If amending name, <u>enter the new name of the limited liability company here:</u> <u>BARTRAM</u> <u>ACCOUNTING SERVICE LLC</u> new name must be distinguishable and end with the words "Limited Liability Company." the designation "LLC" or abole. C." ther new principal offices address, if applicable: <u>incipal office address, if applicable:</u> <u>JackSon Ville, FL 3>></u> ter new mailing address, if applicable: <u>address MAY BEA POST OFFICE BOX</u> If amending the registered agent and/or registered office address on our records, <u>enter the name of istered agent and/or the new registered office address here</u> : <u>Name of New Registered Agent</u> : <u>Name of New Registered Agent</u> : <u>Name of New Registered Agent</u> : <u>(Enter Florida street address</u>)		_
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Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)	g the registered agent and/or registered off	ice address on our records, <u>enter the name of the new</u>
New Registered Office Address: (Enter Florida street address)	and/or the new registered office address here	2 ⁴
(Enter Florida street address)	and/or the new registered office address here	
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(City), Florida (Zip Code)	t and/or the new registered office address here of New Registered Agent:	
(City) (Zip Code)	t and/or the new registered office address here of New Registered Agent:	(Enter Florida street address)
	t and/or the new registered office address here of New Registered Agent:	
ew Registered Agent's Signature, if changing Registered Agent:	t and/or the new registered office address here of New Registered Agent: egistered Office Address:	, Florida

company has been notified in writing of this change.

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(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
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D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_			
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Λ	pril 10 . 7.00	9	_			
Dated <u>A</u>	Signature of a member or	2 5 authorized representative of a member				
Typed or printed name of signee						
Page 2 of 2						

Filing Fee: \$25.00