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S. HAWKES

MAR 1 8 2009

EXAMINER

COVER LETTER

Division of Corporations SUBJECT: John J. Davis, CPA, 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: Monica V. Lyons (Name of Person) Lyons & Lyons, P.A. (Firm/Company) 27911 Crown Lake Blvd., Suite 201 (Address) Bonita Springs, Florida 34135 (City/State and Zip Code) For further information concerning this matter, please call: Monica V. Lyons (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: ☑ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

John .	J. Davis, CPA, LLC	78 9		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	AR 6		
The Articles of Organization for this Limited Liability	Company were filed on December 11, 2008	and assigned		
Florida document number L08000113059	·			
1		5		
This amendment is submitted to amend the following:	1			
A. If amending name, enter the new name of the li	mited liability company here:			
John J. Davis, CPA, P.L.	1			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD)	DRESS)			
	<u> </u>			
:				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
'				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		er the name of the new		
registered agent and/or the new registered office at	uuress nere:			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:		A 11		
•	(Enter Florida stree			
	, Florida	<u> </u>		
	(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 Type of Action Title Name Address ☐ Add Remove □ Add Remove i Ádd Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The purpose for which this Limited Liability Company is organized is to provide accounting services. Dated Signature of a member or authorized representative of a member Monica Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00