## L09000002179

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SECRETARY OF STATE

J. BRYAN

MAR 2 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT: NAK	8			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	GLENN NAKAMURA			
	NAKAMURA & TESTON	1004 110		
		(Firm/Company)	FILED  09 MAR 19 PM 1:48  SECRETARY OF STATE ALL AHASSEE. FLORIC	
		(Address)	SER P III	
	TAMPA, FL 33618		TILED  MAR 19 PM 1  CRETARY OF S AHASSEE. FL	
		(City/State and Zip Code)	FLORI	
			DE B	
For further informati	on concerning this matter, please of	call:		
GLENN NAKAMUI	RA	at ( <u>813</u> ) 374-0187		
(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a check	for the following amount:		_	
\$25.00 Filing Foo	© \$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 Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAKAMURA TESTON & CO., LLC

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

(.	A Piorida Ellillica I	clability Company)		500
The Articles of Organization for this Limited I	Liability Company	were filed on JANUARY	8, 2009	_ and assigned
Florida document number L09000002179	·			V
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
NAKAMURA & TESTON CPAs 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 appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and registered agent and/or the new registered of			cords, <u>enter the</u>	name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		(Enter Flo	orida street addre	ss)
		, 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 **Title** Name Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove 🗖 Add 🛅 Remove ☐ Add Remove 🗖 Remove ∫ Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3-17, 2009.

Signature of a member or authorized representative of a member

GLENN A. NAK AMURA

Tuned or printed name of

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00