L09000113905

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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MAY - 7 2015 T. BROWN

COVER LETTER

Division of Co	rporations		
SUBJECT: TAX & A	CCOUNTING OF SWF	L, LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BJ Cottrell		
		Name of Person	
	TAX & ACCOUNTIN	IG OF SWFL, LLC	
		Firm/Company	
	809 WALKERBILT F	ROAD SUITE 6	
		Address	
	NAPLES, FL 34110		
		City/State and Zip Code	
	BJC@TASWFL.COM		
	E-mail address: (to be used for future annual report notific	ation)
For further information of	concerning this matter, please co	all:	
BJ Cottrell		239 449-4881	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)

٠.

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**

ARTICLES OF	AMENDMENT O
ARTICLES OF C	RGANIZATION SALA
0	F ASSCA "AZO"
TAX & ACCOUNTING OF SWFL, LLC (Name of the Limited Liability Compa (A Florida Limited I	AMENDMENT O ORGANIZATION F Ny as it now appears on our records. Jability Company 11/30/2009
The Articles of Organization for this Limited Liability Company	were filed on 11/30/2009 and assigned
Clorida document number <u>L09000113905</u> .	were med on and assigned
iorida document number	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Cottrell Tax & Accounting, LLC	
he new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5147 Castello Drive
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34103
The party of the united Med The Transfer The Med The Street	
Enter new mailing address, if applicable:	5147 Castello Drive
Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34103
3. If amending the registered agent and/or registered of egistered 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Add
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			Remove
			Add
			Remove
			□ Add
			□ Remove

	-
iling:to date of receipt or filed date and cartment of State)	(optional) annot be more than 90 days after
<u>2015</u>	
of a member or authorized represer	
	filing: to date of receipt or filed date and cartment of State)

Page 3 of 3

Filing Fee: \$25.00