

W09 000120401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

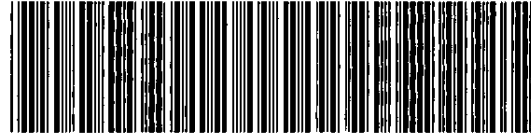
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

OCT 11 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNCOAST CPA GROUP, PLLC  
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:

Randall Woodruff

Name of Person

Suncoast CPA Group, PLLC

Firm/Company

801 S Broad Street

Address

Brooksville, FL 34601

City/State and Zip Code

Randy@WOODRUFFANDCO.COM

E-mail address: to be used for future annual report notification

For further information concerning this matter, please call:

Randall Woodruff

Name of Person

at 352, 796-3224

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SUNCOAST CPA GROUP, PLLC**

(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 January 1, 2010 and assigned  
Florida document number L09000120401.

This amendment is submitted to amend the following:

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

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)

801 S Broad Street

Brooksville, FL 34601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

801 S Broad Street

Brooksville, FL 34601

**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:

Randall Woodruff

New Registered Office Address:

801 S Broad Street

*Enter Florida street address*

Brooksville

Florida

34601

*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.*

*Randall Woodruff*  
**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**

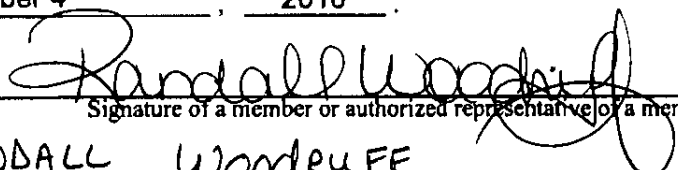
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Randall Woodruff	801 S Broad Street Brooksville, FL 34601	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Andrew Nelson	801 S Broad Street Brooksville, FL 34601	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Patricia Jones	2513 Seven Springs Blvd Trinity, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Traci Malik	2513 Seven Springs Blvd Trinity, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 SECRETARY OF STATE

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated October 4, 2010

  
 Signature of a member or authorized representative of a member  
RANDALL Woodruff  
 Typed or printed name of signee