## L10000006478

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000266516200

11/25/14--01009--014 \*\*25.00

THE NOV 25 PH 3: 32
SEARCHARY OF STATE
ANALYSISEE, FLORING

and the state of the same

G. HARVEY
DEC 05
EXAMINER

## **COVER LETTER**

TO:		istration Se sion of Cor			
CHDIE	CT.	LAURIE	G. SHAEFFER, CPA, (	CFE, LLC	
SUBJE	CI:		Name of Lim	ited Liability Company	<del>,</del>
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn	all correspo	ondence concerning this matter	to the following:	
			LAURIE SHAEFFE	र	
				Name of Person	
			SHAEFFER ACCOU	JNTING, LLC	
			No. of the last of	Firm/Company	
			862 KELL AIRE DR		
				Address	<del></del>
•			DESTIN, FLORIDA	32541	
				City/State and Zip Code	<del></del>
			LGS_DESTIN@YAH		The state of the s
				to be used for future annual report notification	)  >
For furt	her in	formation of	oncerning this matter, please c	all:	e e e e e e e e e e e e e e e e e e e
LAUR	RIE S	SHAEFFE	R	850 502-7708	10 10 10 10 10 10 10 10 10 10 10 10 10 1
		Name of	f Person	Area Code Daytime Telepi	hone Number 27 5 1
Enclose	d is a	check for th	ne following amount:		FORM STATE
\$25	.00 F	iling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LAURIE G. SHAEFFER, CPA, CFE, LLC

(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 Florida document number <u>L10000006478</u>	were filed on 01/19/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SHAEFFER ACCOUNTING, LLC		
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the	ne abbreviation "L.L,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		14 NOV 25
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
	r	
Name of New Registered Agent:		्रिंग ७३
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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
***************************************			Add
			□ Remove
	-		Add
			Remove
			225 FE CD Age 170 CO
			E Prove
			□ Add
			Remove
· · · · · · · · · · · · · · · · · · ·			
			☐ Remove

. If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
	-
Effective date, if other than the date of fil (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departs	date of receipt or filed date and cannot be more than 90 days after
Dated NOVEMBER 20	2014
Lune	5
•	f a member or authorized representative of a member
LAURIE SHAEFFER	Typed or printed name of signee
	1 ypea of printed name of signed

Page 3 of 3

Filing Fee: \$25.00

14 NOV 25 PH 3: 33
SCORETARY OF STATE
SALI AMASSEE, FLORIDA