(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Division of Cor	rporations			
	ER ACCOUNTING LLC			
Name of Limited 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:		
LAURIE SHAEFFER FERGUSON				
Name of Person				
	LSF ACCOUNTING LLC			
	Tricles of Amendment and fee(s) are submitted for filing.  Correspondence concerning this matter to the following:    LAURIE SHAEFFER FERGUSON			
	27 BAY DIVE SE			
		Address		
	FORT WALTON BEACH	1, FLORIDA 32548		
	LSFERGUSON731@GM			
			ation)	
For further information c	concerning this matter, please co	all:		
LAURIE SHAEFFER F	FERGUSON			
Name o	f Person	Area Code Daytime	relephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fec		Certified Copy	Certificate of Status & Certified Copy	
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHAEFFER ACCOUNTING, LL	-C				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I	Liability Company	were filed on	and assigned		
Florida document number L10000006478	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name (</u>	of the limited liab	oility company here:			
LSF ACCOUNTING LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	ibbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		27 BAY DRIVE SE			
		FORT WALTON BEACH, FL 32548			
Enter new mailing address, if applicable:		27 BAY DRIVE SE			
(Mailing address MAY BE A POST OFFICE BOX)		FORT WALTON BEACH, FL 32548			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address her		NOV 13		
New Registered Office Address:	27 BAY DRIVE SE				
non negigiered office reduces.	<del> </del>	Enter Florida street address	20 1 1 Name		
	FORT WALTO	ON BEACH , Florida 3	2548 🛒 🗲		
		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.

Kuwa Shaff Longusin f Changing Registered Agent, Signature of New Registered Agent If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LAURIE S FERGUSON	27 Bay Drive SE Fort Walton Beach	■ Add
		Fort Walton Beach Florida 32548	Remove
			Change
MGRM	LAURIE G SHAEFFER	P.O. BOX 4681	
		P.O. BOX 4681 Fort Walton Boach Florida 32549	Remove
			☐ Change
			□ Add
			Remove NO Change SSEE Bradd
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(If an effective da	te, if other than t ate is listed, the date r date inserted in this	must be specific a	nd cannot be pric	or to date of filing o	r more than 90 days a	<b>ptional)</b> fter filing.) Pursuant to 60 this date will not be lis	)5.0207 (3 ited as th
	ffective date on the				•		
	pecifies a delay day after the r			ot an effectiv	e time, at 12:0	1 a.m. on the earl	ier of:
Dated	EMBER 05		2015	·			
_	Lun	Signature of	Smul H	horized represent	ive of a member		
LA	URIE SHAEFFE	R FERGUSOI	N	ŕ			
_				ted name of signee	<u> </u>	<del></del>	

Page 3 of 3

Filing Fee: \$25.00