

L10000012927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

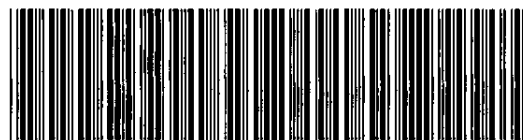
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TALLAHASSEE, FLORIDA

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T. CLINE

NOV - 1 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MK Tax & Accounting, LLC
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:

Marguerite Kuntz

Name of Person

MK Tax & Accounting, LLC

Firm/Company

P O Box 977

Address

Windermere, FL 34786

City/State and Zip Code

mkuntz@vkcpas.com

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

For further information concerning this matter, please call:

Marguerite Kuntz

Name of Person

at (407)

374-2103

Area Code & Daytime Telephone Number

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28 OCT 29 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

MK Tax & Accounting, 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 were filed on February 3, 2010 and assigned
Florida document number L10000012927.

This amendment is submitted to amend the following:

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

Vetter & Kuntz CPAs, LLC

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)

7491 Conroy Windermere Road Suite H
Orlando, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O Box 977
Windermere, FL 34786

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2010 FEB 29 AM 10:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

7491 Conroy Windermere Road Suite H

Enter Florida street address

Orlando

City

, Florida

32835

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marguerite Kuntz	5558 Lake Howell Road Winter Park, FL 32792	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Marguerite Kuntz	7491 Conroy Windermere Road Ste H Orlando FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kathryn Vetter	5558 Lake Howell Road Winter Park FL 32792	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kathryn Vetter	7491 Conroy Windermere Road Ste H Orlando FL 32835	<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

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

Dated October 25, 2010

Marguerite Kuntz
Signature of a member or authorized representative of a member

Marguerite Kuntz
Typed or printed name of signee

FILED
2010 OCT 29 PM 4:04
STATE OF FLORIDA
TALLAHASSEE, FLORIDA