L10000088119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

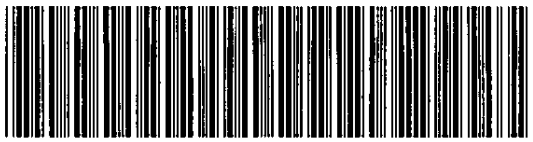
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500253860745

11/15/13--01016--012 **60.00

FILED
2013 DEC -2 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 03 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2013

HARRY J. HONAN, CPA
41-A BARLOWS LANDING RD.
POCASSET, MA 02559

SUBJECT: HARRY J. HONAN, CPA, P.L.C.
Ref. Number: L10000088119

We have received your document for HARRY J. HONAN, CPA, P.L.C. and your check(s) totaling $60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) you have listed for the manager(s) or manager member(s)is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 413A00026631

FILED
2013 DEC -2 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Harry J. Honan, CPA, PLC
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:

Harry J. Honan, CPA
Name of Person

Firm/Company

41-A Barlows Landing Rd.
Address

Pocasset, MA 02559
City/State and Zip Code

harry@harryhonancpa.com
E-mail address: (to be used for future annual report notification)

FILED
2018 DEC -2 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Harry J. Honan at (508) 254-0710
Name of Person — 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Harry J. Honan, CPA, PLC

(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 08/23/2010 and assigned Florida document number L10000088119.

This amendment is submitted to amend the following:

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

Honan & Youngblood, CPA's, PLC

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)

7000 SE Federal Highway
Stuart, FL 34997

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A no change in mailing address

FILED
2013 DEC -2 PM 4:07
SECRETARY 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: N/A

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 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

Title	Name	Address	Type of Action
CPA	Kevin Youngblood	337 SW Otter Run Place Stuart, FL 34997	☑ Add ☐ Remove
		No New Managers or Managing Member Added or Removed	
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
2015 DEC 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

N/A no other changes made.

Dated November 9th, 2013.

Signature of a member or authorized representative of a member

Harry T Herring CPA

Typed or printed name of signee

Filing Fee: $25.00

FILED
2013 DEC -2 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA