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EXAMINER



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COVER LETTER

TO:	Registration So Division of Co			
SUBJE	CT: Acco	 	ng & Management Ser ited Liability Company	vices, LLC_
T1				
i ne enc	losed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Cynthia L Alloway	
			Name of Person	
		Common	Sense Business Solutions	, Inc.
			Firm/Company	
			1309 Oxmoor Court	
			Address	
			Valrico, FL 33596	
			City/State and Zip Code	·
		F-mail address: (Illoway@csbspro.com to be used for future annual report not	ification)
For furt	her information o	concerning this matter, please of	•	
1 01 1411	ner information e	oncerning this matter, prease c	an.	
	Суі	nthia Alloway	at (_813)	661-0049
•	Name o	of Person	Area Code & Dayti	me Telephone Number
Enclose	d is a check for the	he following amount:		
□\$2 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Account-Ability Accounting & Management Services, 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 Compan	ny were filed on _	November 1, 20	10 and a	issigned
Florida document numberL10000116060				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company l	nere:		
Accountability	y Team, LLC			
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Con	npany," the designation	"LLC" or th	e abbreviation
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)				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ı our records, <u>enter</u>	the name	of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street a		5
		Enter Fioriaa street ad , Florida _	ddress 3	
New Registered Agent's Signature, if changing Registered Agen	City <u>t:</u>			Z je

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 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

<u> Citle</u>	<u>Name</u>	Address	Type of Action
			D Pamoua
			Add Remove
			Domosio
			= -
			Remove
			 -
). If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if i	necessary.)
		· · · · · · · · · · · · · · · · · · ·	
 Dated	July 29	2011	
	Grall	18 JOhnsan	

Page 2 of 2

Filing Fee: \$25.00