111000021747

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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D. BRUCE
MAY 18 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2011

ELEANOR M HARRIS 235 20TH AVENUE NORTH ST. PETERSBURG, FL 33704

SUBJECT: HARRIS & HARRIS MANAGEMENT COMPANY, LLC

Ref. Number: L11000021747

We have received your document for HARRIS & HARRIS MANAGEMENT COMPANY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 411A00011570

COVER LETTER

TO:	Registration S Division of Co	ection rporations					
SUBJ	FCT:	Harris Tax & Acc	Harris Tax & Accounting Services, LLC				
SUBJ	ECT		ited Liability Company				
		f Amendment and fee(s) are sub condence concerning this matter					
Eleanor M Harris							
Name of Person							
Harris Tax & Accounting Services, LLC							
			Firm/Company				
		2	235 20th Avenue North				
Address							
		St	Petersburg, FL 33704			HAY	Emeration of the second of the
			City/State and Zip Code				
	ellenfl2005@yahoo.com E-mail address: (to be used for future annual report notification)						П
For fu	rther information	concerning this matter, please of	call:			5 3	Q
	Ele	eanor M Harris	at (352)	458-1218			
Name of Person			Area Code & Daytime Telephone Number				
Enclo	sed is a check for	the following amount:					
\$2	5.00 Filing Fee	\$30.00 Filing Fcc & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is end	closed) Certifi	Filing Fee cate of St ed Copy onal copy	atus &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/CO Registration : Division of C Clifton Build	Corporations				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harris & Har	arris Manago Liability Compa Florida Limited L	ement Company ny as it now appears o Liability Company)	y, LLC n our records.)		
The Articles of Organization for this Limited Li	were filed on	2/21/11	21/11 and assigned		ssigned	
Florida document number L11000021						
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
		ing Services , LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company,	the designation	on "LLC	" or the	abbreviatio
Enter new principal offices address, if applications	235 20th Avenu	e North				
(Principal office address MUST BE A STREE	T ADDRESS)	St. Petersburg,	FL 33704	70.5	Ä	-
Enter new mailing address, if applicable:		-		SEE F	(II) AM N	m
(Mailing address MAY BE A POST OFFICE)			.08115A	<u>ක</u> දෙ	Manageri I	
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	235 20th Av	enue North Enter I	records, ent			
St.		Petersburg	, Florida			
		City		2	ip Coo	te

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 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 Type of Action **Title Address** <u>Name</u> MGR Eleanor M Harris 8001 54th Street Remove Pinellas Park, FL 33781 James T Harris MGR 8001 54th Street □ Add ✓ Remove Pinellas Park, FL 33781_ MGRM Eleanor M Harris 235 20th Avenue North ✓ Add St. Petersburg, FL 33704 ☐ Remove MGR James T Harris 235 20th Avenue North **✓** Add St. Petersburg, FL 33704 Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ---Bloans M. Havris
Signature of a member or authorized representative of a member Eleanor M Harris Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00