

L11000035401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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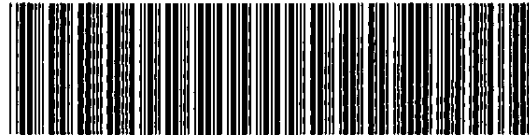
(Business Entity Name)

(Document Number)

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05/23/11--01023--015 **61.25

FILED
2011 JUN 15 PM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Jun 16 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2011

NATHANIEL N. MCKENZIE
MCKENZIE & COMPANY FORENSIC CPA
665 SW 27TH AVE SUITE 5
FORT LAUDERDALE, FL 33312

SUBJECT: MCKENZIE & COMPANY FORENSIC CPA, LLC
Ref. Number: L11000035401

We have received your document for MCKENZIE & COMPANY FORENSIC CPA, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 611A00012875

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCKENZIE & COMPANY FORENSIC CPA, 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:

NATHANIEL MCKENZIE

Name of Person

MCKENZIE & COMPANY FORENSIC CPA, LLC

Firm/Company

665 SW 27TH AVE, STE 5

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

mckenziecfe@aol.com

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

For further information concerning this matter, please call:

Nathaniel McKenzie

Name of Person

at (954)

274-6718

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**

FILED

2011 JUN 15 PM 10:19

MCKENZIE & COMPANY FORENSIC CPA, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/23/2011 and assigned
Florida document number L11000035401.

This amendment is submitted to amend the following:

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

POST, MCKENZIE & WASHINGTON FORENSIC ACCOUNTANTS, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TANIKA WASHINGTON	665 SW 27TH AVE, STE 5 FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHAEL POST, CPA	665 SW 27TH AVE, STE 5 FORT LAUDERDALE, FL 33312	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Nathanial McKenzie

Signature of a member or authorized representative of a member

NATHAN MCKENZIE

Typed or printed name of signee

2011 JUN 15 PM 05:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED