

11000035401

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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JUL 30 2012

**EXAMINER**



300237718653

07/27/12--01025--022 \*\*30.00

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12 JUL 27 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: POST, MCKENZIE & WASHINGTON FORENSIC ACCOUNT**  
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

POST, MCKENZIE & WASHINGTON FORENSIC ACCOUNT

Firm/Company

12932 SW 284 Ter

Address

Homestead, FL 33033

City/State and Zip Code

mckenziecpa@aol.com

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

For further information concerning this matter, please call:

Nathaniel N. 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

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POST, MCKENZIE & WASHINGTON FORENSIC ACCOUNTANTS, L

(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 \_\_\_\_\_ 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 CPA's, 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)

12932 SW 284 Ter

Homestead, FL 33033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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12 JUL 27 PM 4:22  
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:

Siamone McKenzie

New Registered Office Address:

12932 SW 284 Ter

*Enter Florida street address*

Homestead

Florida

33033

*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.*

Siamone McKenzie  
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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Nathaniel McKenzie	665 SW 27th Ave, Ste 5 Fort Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Tanika Washington	665 SW 27th Ave, Ste 5 Fort Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael Post	665 SW 27th Ave, Ste 5 Fort Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Siamone McKenzie	12932 SW 284 Ter Homestead, FL 33033	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

Siamone McKenzie  
Signature of a member or authorized representative of a member  
Siamone McKenzie  
Typed or printed name of signee