

L11000051122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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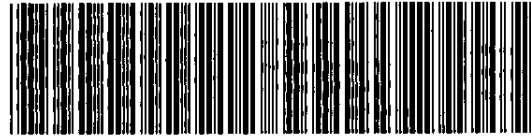
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**G. MCLEOD**

MAY 20 2011

**EXAMINER**



100207637761

05/19/11--01004--003 \*\*25.00

FILED  
11 MAY 19 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FORENSIC ACCOUNTANT SERVICES, 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:

John Sincore, CPA

Name of Person

FORENSIC ACCOUNTANT SERVICES, LLC

Firm/Company

5455 N. FEDERAL HWY #F

Address

BOLA RATON FL 33487

City/State and Zip Code

FORENSIC CPA 3 @ AOL.COM

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

For further information concerning this matter, please call:

John Sincore, CPA

Name of Person

at (954) 654-6691

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
11 MAY 19 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FORENSIC ACCOUNTANT 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 Company were filed on MAY 2, 2011 and assigned  
Florida document number L11000051122.

This amendment is submitted to amend the following:

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

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)

5455 N. FEDERAL HWY # F  
BOCA RATON FL 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5455 N. FEDERAL HWY # F  
BOCA RATON FL 33487

**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:

5455 N. FEDERAL HWY # F

Enter Florida street address

BOCA RATON

City

Florida

33487

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	JOHN D. SINCORE	8031 SOUTHGATE BLVD. K7 NORTH LAUDERDALE FL 33068	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TODD J. SHALACK	5455 N. FEDERAL HWY #F BOCA RATON FL 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARIA E. SHALACK	5455 N. FEDERAL HWY #F BOCA RATON FL 33487	<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

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

Dated

MAY 16, 2011

Signature of a member or authorized representative of a member

Typed or printed name of signee