## L11000128792

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B. BOSTICK

MAR - 8 2013

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations

JOHN I + PROEN A. HARRISON HOLOINGS, 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 HARRISON
Name of Person

CPROVANTALLE

259 E. 7th Ave.

TACCAUAUCE, FC 32303
City/State and Zip Code

JANKISON O CFOTORY. Com
E-mail address: (to be used for future animal report notification)

For further information concerning this matter, please call:

at (850) (81-1941 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

JOHN I. + ARDEN A HA	ARRISON / COMPANY ON OUR records.) Liability Company)	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number L11000129792	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
SOCIETY OF AMERICAN SMALL BU! The new name must be distinguishable and end with the words "Lin"L.L.C."	INER ACCOUNTANTS LLC nited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		7x
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		BHAR -7 PH 12: 25
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter</u> re:	the name of the new
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street a	7.7
	Enter Florida street a	acress
	. Florida .	Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	ыр соне

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>	Address	Type of Action
			Add
			Remove
			<del></del>
			Add
			Remove
<u> </u>			Add
			Remove
		TA A	<u> </u>
		TALLAHASBEE, FLORIDA	Add Add F. Remove
		CO.	Remove
		ORID	VAR -7 PH 12: 25
			Remove
			Remove
			Add
			Remove

D. If ame	nding any other inf	ormation, enter change(s) here: (Attach additional sheet	ts. if necessary.)
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ated	3-1	2013	
		Sell	
		Signature of a member or authorized representative of a men	n ber
	Joi	Signature of a member or authorized representative of a men	
		Typed or printed name of signee	

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Filing Fee: \$25.00

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