

L1100142567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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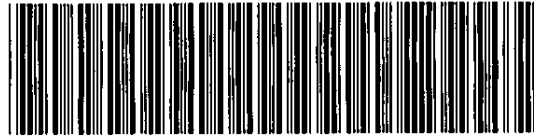
(Business Entity Name)

(Document Number)

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FILE
2016 JUN 29 PM 4:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
EXAMINER

JUN 29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A + B ACCOUNTING & TAX, 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:

OSWALD F. LOPEZ

Name of Person

A + B ACCOUNTING & TAX, LLC.

Firm/Company

415 E. MAIN ST. STE. 209

Address

BARTON, FL. 33830

City/State and Zip Code

O2lopez@hotmail.com

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

For further information concerning this matter, please call:

OSWALD LOPEZ

Name of Person

at (863) 670-1780

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**

2016 JUN 29 PM 4:39
TALLAHASSEE, FLORIDA

A & B ACCOUNTING & TAX, 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 12-20-2011 and assigned
Florida document number L11000142567.

This amendment is submitted to amend the following:

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

(SAME)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

SAME

(Principal office address MUST BE A STREET ADDRESS)

* CHANGE SUITE NUMBER TO (209)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

415 E. MAIN ST.

SUITE 209

BARTOW, FL. 33830

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:

JENNIFER L. LOPEZ

New Registered Office Address:

415 E. MAIN ST. STE. 209

Enter Florida street address

BARTOW

City

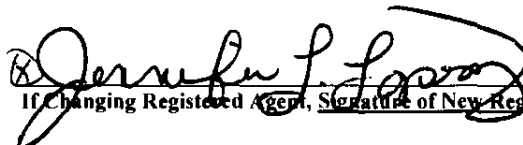
, Florida

33830

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OSWALDO F. LOPEZ	415 E. MAIN ST. STE. 101	<input type="checkbox"/> Add
		BARTON, FL. 33830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JENNIFER L. LOPEZ	415 E. MAIN ST. STE. 209	<input checked="" type="checkbox"/> Add
		BARTON, FL. 33830	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 JUN 29 PM 4:39
STATE OF FLORIDA
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

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

OWNERSHIP HAS CHANGED HANDS REMOVING
ORIGINAL OWNER OSWALD F. LOPEZ
AND ADDING NEW OWNER, JENNIFER L. LOPEZ


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 24, , 2016


Signature of a member or authorized representative of a member

OSWALD F. LOPEZ
Typed or printed name of signee

2016 JUN 29 PM 4:39
TALLAHASSEE FLORIDA
SECRETARY OF STATE