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# **COVER LETTER**

|                                  | Registration Solivision of Col |  |   |  |
|----------------------------------|--------------------------------|--|---|--|
| SUBJECT                          | HEATHRO                        | OW ACCOUNTING ASSOCIA                        | ATES, LLC   |  |
| SUBJECT                          | ·                              | Name of Lin                                  | nited Liability Company   |  |
| The enclos                       | sed Articles of                | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please retu                      | ırn all correspo               | ondence concerning this matter               | to the following:   |  |
|                                  |                                | KEITH D. HACKENBER                           | G, ESQ.   |  |
|                                  |                                |  | Name of Person  |  |
|                                  |                                | KDH LEGAL, PLLC                              |   |  |
|                                  |                                |  | Firm/Company  |  |
|                                  |                                | PO BOX 150061                                |   |  |
|                                  |                                | —  | Address   |  |
|                                  |                                | ALTAMONTE SPRINGS                            | , FL 32715  |  |
|                                  |                                |  | City/State and Zip Code   | · <del>-</del> ,   |
|                                  |                                | KDHLEGAL@GMAIL.CO                            |   |  |
|                                  |                                | E-mail address: (                            | to be used for future annual report notif                           | ication)   |
| For further                      | information c                  | oncerning this matter, please ca             | all:  |  |
| KEITH D. HACKENBERG 717 887-4011 |                                |  |   |  |
|                                  | Name o                         | f Person                                     | Area Code Daytime   | e Telephone Number   |
| Enclosed is                      | s a check for th               | ne 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2016

KEITH D HACKENBERG KDH LEGAL, PLLC PO BOX 150061 ALTAMONTE SPRINGS, FL 32715

SUBJECT: HEATHROW ACCOUNTING ASSOCIATES, LLC

Ref. Number: L12000002467

2816 NOV -4 PH 12: 44
SECRETARY OF STATE
AND ANASSEE, FLORIDA

We have received your document for HEATHROW ACCOUNTING ASSOCIATES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P15000089313.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00021576

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HEATHROW ACCOUNTING ASSOCIA  | ,   |   |
|--|---|---|
| ( <u>Name of the Limited Liab</u><br>(A Flori  | ility Company as it now appears on ou<br>ida Limited Liability Company) | r records.)                             |
| The Articles of Organization for this Limited Liability  | Company were filed on $\frac{1/5/2012}{}$                               | and assigned                            |
| Florida document number L12000002467   | ·   |   |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the lin   | mited liability company here:   |   |
| T. 1/2   | er a stante 110   |   |
| The new name must be distinguishable and contain the words "Li   | imited Liability Company," the designati                                | on "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |   |   |
| (Principal office address MUST BE A STREET ADD   | ORESS)  | <u> </u>                                |
|  |   | <u> </u>                                |
|  |   | 1                                       |
| Enter new mailing address, if applicable:  |   | an Caro                                 |
| Mailing address MAY BE A POST OFFICE BOX)  | <del></del>   | <b>3</b> 34                             |
| Manning duaress MAT BEAT OST OFFICE BOX  |   | - 57                                    |
|  |   | <u> </u>                                |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ad |   | records, <u>enter the name of the n</u> |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   |   |   |
|  | Enter Florida stre  | et 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 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>                          | Name              | Address               | Type of Action |
|---------------------------------------|-------------------|-----------------------|----------------|
| AMBR                                  | CRAIG J. SHEETS   | 1479 SUNSHADOW DR     |                |
|                                       |                   | APT 207               | □ Remove       |
|                                       |                   | CASSELBERRY, FL 32707 | E Change       |
| AMBR                                  | PATRICK D. TILLER | 836 ASHBROOKE COURT   |                |
|                                       |                   | LAKE MARY, FL 32746   | □ Remove       |
|                                       |                   |                       | ☐ Change       |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar  | ry.)  |
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| (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date 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. | g.) Pursuant to 605.0207 (3)(to will not be listed as the |
| b) The 90th day after the record is filed.  |   |
| Dated SEPTEMBER 22 , ZO/6   |   |
| Signature of a member or mathorized representative of a member  | <b>6</b> 78   |
| CRAIG J. SHEETS   |   |
| Typed or printed name of signee   | 74  |
| Page 3 of 3   | <b>a</b> 3  |

Filing Fee: \$25.00