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S. YOUNG

# **COVER LETTER**

TO: Registration So Division of Cor		
Michael P. SUBJECT:	. Miller CPA, P.L.	
SUBJECT.	Name of Limited Liability Company	<del></del>
	Amendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:	
	Linda R. Miller	
	Name of Person	<del></del>
•	Michael P. Miller CPA, P.L.	
	Firm Company	<del></del>
	1648 Periwinkle Way, Suite D	
	Address	_
	Sanibel, Florida 33957	
	City/State and Zip Code	— 28 <b>3</b>
	lindamiller@sancapepa.com E-mail address: (to be used for future annual report notification)	一三百里五
For further information c	concerning this matter, please call:	N 22 M
Linda R. Miller	239 472-1323	
Name c	at () of Person Area Code Daytime Telephone Nu	LED  22 M 6 46  28 OF STATE  SSEE FLORIDA  mber
Enclosed is a check for t	the following amount:	
■ \$25.00 Fiting Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ifficate of Status & iffed Copy tional 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

Michael P. Miller CPA, P.L.			
( <u>Name of the Limited Li</u> (A F	<mark>ability Company</mark> forida Limited Lia	as it now appears on our recorbility Company)	rds.)
The Articles of Organization for this Limited Liabil Florida document number L12000010472	ity Company w	ere filed on January 23, 201	2 and assigned
This amendment is submitted to amend the following	ig:		
A. If amending name, enter the new name of the	limited liabili	ty company here:	
N/A			
The new name must be distinguishable and contain the words	"Limited Liability	Company." the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	N/A	
Principal office address MUST BE A STREET A	DDRESS)		≥ <u>亩</u> <b>5</b>
			三日前 ≒ 〒
Enter new mailing address, if applicable:		N/A	1 22 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)			开泛 星 (
	_		The same of the same
3. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our recor	ds, enter the name of the
Name of New Registered Agent:	I/A		
New Registered Office Address:	I/A		
		Enter Florida street addi	rss
_			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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Linda R. Miller	1648 Periwinkle Way, Suite D, San	■ Add
			□ Remove
			Change
			Remove
			☐ Change
	<u> </u>		
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ffective date, if other than the date an effective date is listed, the date must be	ate of filing:  e specific and cannot be prior to date of filing or more than a does not meet the applicable statutory filing requi	(optional) n 90 days after filing.) Pursuant to 605.020
	artment of State's records.	
e record specifies a delayed e The 90th day after the recor	effective date, but not an effective time, d is filed.	at 12:01 a.m. on the earlier (
June 19	2015	
/hk	W.	
Si	gnature of a member or authorized representative of a m	7.0
Michael P. Miller		7. CA
<del></del>	Typed or printed name of signee	
		第2 <b>2 1</b>
	Page 3 of 3	

Filing Fee: \$25.00