

L120000064097

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 26 AM 9:00

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J. SAULSBERRY
EXAMINER

JAN 03 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ACCOUNTING FOR PROFITABILITY, 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:

CHERYL A WILLETT

Name of Person

ACCOUNTING FOR PROFITABILITY, LLC

Firm/Company

9990 COCONUT ROAD, SUITE 219

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

CHERYL@A4PLLC.COM

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

For further information concerning this matter, please call:

CHERYL A WILLETT

Name of Person

at **(239) 340.4928**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 26 AM 9:00

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACCOUNTING FOR PROFITABILITY, 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 11, 2012 and assigned
Florida document number L12000064097.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2012 DEC 26 AM 9:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Enter Florida street 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 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>
MGRM	WILLETT BUSINESS MANAGEMENT, INC	9990 COCONUT ROAD, SUITE 210	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Remove
MGRM	ISL FINANCIAL ADVISORS, LLC	9111 LAS MADERAS DR, UNIT 201	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Remove
MGRM	CHERYL A WILLETT	9990 COCONUT ROAD, SUITE 219	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Remove
MGRM	ISAAC R LICHTENSTEIN	9111 LAS MADERAS DRIVE, UNIT 201	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 26 AM 9:00

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

Dated 12/6/12, _____.

Cheryl A Willett
Signature of a member or authorized representative of a member

Cheryl A Willett
Typed or printed name of signee

FILED
2012 DEC 26 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA