## L12000087404

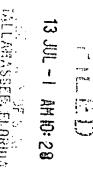
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Bookkeepers Plus of SWFL, 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:



Name of Person

**Bookkeepers Plus** 

Firm/Company

1639 Beach Parkway Apt 101

Address

Cape Coral FL 33904

City/State and Zip Code

tony@solgard.com

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

For further information concerning this matter, please call:

Tony Solgard

612 242-5642

Name of Person

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

Bookkeepers Plus of SWFL, LLC		w
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7/3/2012	and assigned
Florida document number L12000087404		Tand assigned
This amendment is submitted to amend the following:		<u></u>
A. If amending name, enter the new name of the limited liab	ility company here:	
Bookkeepers Plus LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	1222 SE 47th St	
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral FL 33904	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street a	ddress
	, 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 = M	AGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action		
			Add		
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If amending any other information, enter change(s) here: (Attach additional sheets, if nec	:essary.)	_	
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ated June 28, 2013.	·		
Anthony Solgard  Timed on selected representative of a member	- · · · · · · · · · · · · · · · · · · ·	<del></del>	
Typed or printed name of signee  Page 3 of 3			
Filing Fee: \$25.00	72	<del>3</del>	
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