43000065611

(R	Requestor's Name)	
(A	ddress)	_
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(B	Business Entity Name)	
(D	Occument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	

Office Use Only



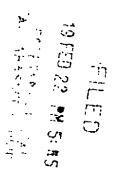
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S TALLENT FEB 22 2019







February 8, 2019

DAVID HARPER HARPER FORENSIC CONSULTANTS, PL 2358 DREW STREET CLEARWATER, FL 33765

SUBJECT: HARPER FORENSIC CONSULTANTS, PL

Ref. Number: L13000065611

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 219A00002800

RECEIVED

COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBIR		ensic Consultants, PL		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		David Harper		
			Name of Person	
		Harper Forensic Consultar	ats, PL	
			Firm/Company	
		2358 Drew Street		
			Address	
		Clearwater, Fl. 33765		
			City/State and Zip Code	
		dharper@tampaforensic.com		<u> </u>
For furth	ber information c	E-mail address: (oncerning this matter, please e	to be used for future annual report notif	ication)
David I		the matter present	727 726-3600	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
	.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

Harper Forensic Consultants, PL	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on May 06, 2013 and assigned
Florida document number L13000065611	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Westbay CPAs, PL Westbay CPAs PLLC The new name must be distinguishable and contain the words "Limited Liability Company,	<u> </u>
The new name must be distinguishable and contain the words "Limited Liability Company, (lower case"s")	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19
(Principal office address MUST BE A STREET ADDRESS)	- TT
	202
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- 12 pm
Enduing dualess MAT BE A TOST OF TICE BOX	
B. If amending the registered agent and/or registered office addre	ss on our records, <u>enter the name of the</u> ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida Zip Code
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 provisions of all statutes relative to the proper and complete performan	

If Changing Registered Agent, Signature of New Registered Agent

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 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	
			□ Add	
			☐ Remove	
			Change	
			🗖 Add	
			□ Remove	
			☐ Change	
			Add	
			Change	
			□ Remove	
		 	☐ Change	
			□ Add	
			☐ Remove	
			☐ Change	
			Remove	
			Change.	

			<u></u>	
		-		
				
				
				
	•			
			* ***	
ffective date, if other that an effective date is listed, the da locument's effective date on	his block does not meet the	applicable statutory f	(optional) r more than 90 days after filing.) I ling requirements, this date w	Pursuant to 605,0207 ill not be listed as t
e record specifies a del The 90th day after the		out not an effectiv	e time, at 12:01 a.m. o	n the earlier of
January 27	2019			
	<u> </u>			
1 14 (1)/			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee