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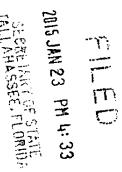
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K. SALY EXAMINER

FEB -2 2015

COVER LETTER

TO: Registratio Division of	n Section Corporations
Terap	in Accounting & Business Consulting Services, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Karen Smith
	Name of Person
	Terapin Accounting & Business Consulting Services, LLC
	Firm/Company
	8359 Beacon Blvd
	Address
	Fort Myers, FL 33907
	City/State and Zip Code
	karen@terapinbc.com E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Karen Smith	239 789-6144
Na	ne of Person Area Code Daytime Telephone Number
Enclosed is a check t	for the following amount:
■ \$25.00 Filing Fe	Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

FILED
2015 JAN 23 PM 4: 33
FALLAHASSEE, FLORID.

Terapin Accounting & Business Consulting Services, 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 12/18/2013	and assigned				
Florida document number L13000174305						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	. 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 Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	8359 Beacon Blvd					
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33907					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8359 Beacon Blvd, Ste 518 Fort Myers, FL 33907					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
/IBR	Sam Bath	8359 Beacon Blvd	Add
		Fort Myers, FL 33907	□ Remove
			Add
			Remove
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			Add
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ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or file	(optional) ed date and cannot be more than 90 days after
date this document is filed by the Florida Department of State)	
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e date this document is filed by the Florida Department of State) ated	rized representative of a member
e date this document is filed by the Florida Department of State)	_·
date this document is filed by the Florida Department of State) ed January 1 Signature of a member or author Karen Smith	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00