L13000174764

(Red	questor's Name)	
(Add	dress)	· · · · · ·
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



500256246805

02/03/14--01029--022 **25.00

2014 FEB -3 PH 1: 34
SECRETARY OF STATE

FEB - 4 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

Excelsior Tax & Accounting Advisors, 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:

Georgia Smith

Name of Person

Excelsior Tax & Accounting Advisors, LLC.

Firm/Company

3601 W Commercial Blvd., Ste. 14

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

georgias@thompsonsmithassociates.com

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

For further information concerning this matter, please call:

Georgia Smith

Name of Person

₃₁,954,368-66

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

Excelsior Tax & Accounting Advisors, LLC.

(Name of the Limited	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on December 19, 2	2013 and assigned
Florida document number L13000174766	·	
This amendment is submitted to amend the follow	ving:	ZOIN FEB SECRET
A. If amending name, enter the new name of t	the limited liability company here:	
Thompson-Smith & Associates, LLC.		ARY -3
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation "LLC"	or the abbreviation L.C."
Enter new principal offices address, if applica	ble:	- 108 - 108
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>e</u> ice address here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Provide Street dadress	
	, Florid	da
	City	Zin 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			□ Add
			□ Remove
			2014 FEB -3 RPM 1: 34 SECRE VARY OF STATE TALLAMASSEE. FLORID
			B-3RPH 1: 34 Add Add Add
			□ Remove
			□ Remove

ffective date, if other than the date of filing: (optional)		•	
ated <u>January 28</u> , <u>2014</u> .			
ated Tanuary 28, 2014.			
ated Tanuary 28, 2014.			
Esunt	e date this docume	nt is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Esunt	ated Jan	nuary 28, 2014.	
Signature of a member of authorized representative of a member	-	Esunt	
CORGIA SMITH.		Signature of a member or authorized represent	tative of a member

Page 3 of 3

Filing Fee: \$25.00

2014 FEB -3 PM 1 STATE
SECRETARY OF STATE
SECRETARY OF STATE