L14000018047

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	}
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2019

CATHERINE ARNAEZ 11414 BAY GARDENS LOOP RIVERVIEW, FL 33569

SUBJECT: BOOKKEEPING TAMPA BAY LLC

Ref. Number: L14000018047

We have received your document for BOOKKEEPING TAMPA BAY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P03000002539.



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.

Catherine M Wood Regulatory Specialist II

Letter Number: 519A00016255

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Business to Business Bookkepp

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOOKKEEPING TAMPA BAY 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:
Catherine Arnalz Name of Person
Firm/Company
11414 Bay Gardens LOOD
RIVEYVIOW FL 335169 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Catherine Analt at 305, 3708665 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 Certified Copy (additional copy is enclosed) Certif
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

BOOKKEEPING LAM	PA DAY ILLY	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number LIHCOOTECHT		ıd as
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
BUSINESS TO BUSINESS The new name must be distinguishable and contain the words "Limited Liabil	POOK KEEPING UI	On "I
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
The spar office material Moor 1997 to 1995 the second		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 405 RIVERVIEW FL 33	51
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>ame</u>
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:		1
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familic provided for in Chapter 605, F.S. Or, if this	ar wi doc

If Changing Registered Agent, Signature of New Registered Age

or removed	from our records:		
MGR = M $AMBR = A$	lanager Authorized Member		
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in effective da ote: If the di	e, if other than the is listed, the date mate inserted in this lective date on the	iust be specific and cr block does not me	annot be prior to da et the applicable	ate of filing or more statutory filing re	(option than 90 days after sequirements, this	filing.) Pursu
record sp The 90th (ecifies a delayon day after the re	ed effective da ecord is filed.	te, but not ar	n effective tim	e, at 12:01 a	.m. on th
ted Oc	tobee	Olo.	2019			
		Signature of a me	ember or authorize	d representative of	a member	
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Page 3 of 3

Filing Fee: \$25.00