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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accounting & Business Partners LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on March 27, 2014 and assigned	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
	,\	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	17.	<u> </u>
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		<u> </u>
B. If amending the registered agent and/or registere	d affice address on our records, enter the name of t	the n
registered agent and/or the new registered office address	here	
		J
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin Coda	

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

. COVER LETTER

Division of Co			
Accountin	g & Business Partners LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Andrea Bone		
		Name of Person	
	Accounting & Business Pa	artners LLC	
		Firm/Company	7.7
	10730 102nd Avenue Nort	th	
		Address	
	Seminole, FL 33778		= =
		City/State and Zip Code	
	accounting@yourabpartner		္ တို
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Andrea Bone		727 828-9945 at ()	
Name	of Person	Area Code Daytim	e 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)
	INC ADDRESS.	STREET/GOUNT	ED ADADESS

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

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>	<u>Name</u>	Address	Type of Action
MGR	Ashleigh Van Leeuwen	10730 10201 Ave N Semin	<u>No K</u> ■ Add
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			Change
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Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis-	15.0207 (sted a <u>s</u> vi
document's effective date on the Department of State's records.	: ب
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early	्र er of:
The 90th day after the record is filed.	
Dated $\frac{Q}{7}$ $\frac{7}{7}$.	
- Clippe	
Signature of a member of authorized representative of a member	
Andrea Bone Typed or printed name of signee	

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Filing Fee: \$25.00