

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : ELLISON LAZENBY 'PLLC
 Account Number : I20150000059
 Phone : (727) 362-6151
 Fax Number : (727) 362-6131

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

Chris.politis.md@gmail.com

RECEIVED

15 MAY 14 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CPA BROTHERS, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Shivers

MAY 15 2015

ARTICLES OF ORGANIZATION
OF

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CPA BROTHERS, 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 03/06/2015 and assigned
Florida document number L15000041616

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PETER POLITIS

New Registered Office Address:

2340 DREW STREET, STE 300

Enter Florida street address

CLEARWATER

Florida

City

33763

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

MGR = Manager
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOS POLITIS	2340 DREW STREET	<input checked="" type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		CLEARWATER, FL 33765	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 14th 2015


Signature of a member or authorized representative of a member

CHRISTOS POLITIS, MGR

Typed or printed name of signer

FILED
MAY 14 AM 7:57
SECRETARY OF STATE
ALABAMA STATE CAPITOL

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