L150000 86247

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registrati Division				
ACC SUBJECT:	COUNTA	ANT DEPARTMENT SERVE	CES LLC	
		Name of Limi	ted Liability Company	
The enclosed Artic	cles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all co	orrespon	dence concerning this matter t	to the following:	
		DATAN Z. DOROT		
			Name of Person	
		DOROT & BENSIMON P.	L	
			Firm/Company	or filing. Illowing: Imm/Company Italian and Zip Code If for future annual report notification) In Address In Aca Code Daytime Telephone Number In School Filing Fee, Certificate of Status &
		20295 NE 29th PLACE, SU	UITE 201	
			Address	
		AVENTURA, FL 33180		
			City/State and Zip Code	
		info@dorotbensimon.com		
		E-mail address: (t	o be used for future annual report notification	ation)
For further inform	ation cor	ncerning this matter, please ca	di:	
DATAN Z. DOR	ОТ			
	Name of l	Person	Area Code Daytime T	elephone Number
Enclosed is a chec	k 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)	Certificate of Status & Certified Copy

MAILING ADDRESS:
Registration Section

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**

ACCOUNTANT DEPARTMENT SERVICES LL	.C
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparison for the Limited Liability Comparison $\frac{L15000086247}{L15000086247}$.	any were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	
Enter new principal offices address, if applicable:	20295 NE 29th Place
(<u>Principal office address MUST BE A STREET ADDRESS</u>	Aventura, Florida 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20295 NE 29th Place Suite 201 Aventura, Florida 33180
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records, <u>enter the name of the new</u> <u>here</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 Age	ent:

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

Page 1 of 3

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	LIBESSART, EDOUARD	5825 SW Sunset Drive, Ste. 207	
		South Miami, FL 33143	■ Remove
			Change
MGR	DATAN Z. DOROT	20295 NE 29th Place, Ste. 201	■ Add
		Aventura, FL 33180	Remove
			Change
			Add
			□ Remove
		□ Change	
			Add
		-	Remove
			□ Change
			Add
			Remove Change Change Change Remove Remove
		· · · ·	STATE Remove

				
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department specifies a delayed effective day a few the record specifies.	e specific and cannot be prior to da a does not meet the applicable artment of State's records. ffective date, but not an	statutory filing require	ments, this date will	not be listed
The 90th day after the record AUGUST 8	2016			
ted			27 2	
Sig	gnature of a fember or authorized	representative of a men	iber	1
DATAN Z. DOROT, ESQ	_		IARY ASSES	*
DATA 2. BOKO 1, 25Q	Typed or printed na	me of signee	P 2: 08	

Filing Fee: \$25.00