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SECRETARY OF STATE

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COVER LETTER

MAILING ADDRESS:

TO:

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

TO ARTICLES OF ORGANIZATION OF

E-Accounting and Tax	, <u>L</u> L L L L L L L L L L L L L L L L L L	
(Name of the Limited) Liability Company as (A Florida Limited Liability)	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number 5000 88789.	e filed on 116/15 ar	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviat	ion "L.L.C."
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the n	Enchances Professional
· · · · · · · · · · · · · · · · · · ·	Florida Florida City	Ş. ₹ode
New Registered Agent's Signature, if changing Registered Agent:	'	•
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfo accept the obligations of my position as registered agent as provide	formance of my duties, and I am familio	ar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member				
Title	<u>Name</u>	Address	Type of Action	
Mbr	Mudairis Swant	12 m 281 WM 02Fd	□ Add	
		# 416	□ Remove	
		Hickory Fr 33015	Change	
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E f foot	ive date, if other than the date of filing: $\frac{1}{2}$
lf an ef	ive date, if other than the date of filing:(optional) (optional) fective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
uocun	tent's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
,,,,	sour day area the record is fined.
D . 1	December 2, 205.
Dated	Decomposition, 1883.
	Signature of a member or authorized representative of a member
	- · · · · · · · · · · · · · · · · · · ·
	Mosadaini Sarante Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

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