L16000036058

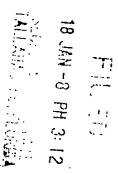
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COVER LETTER

TO:	Registration Sec Division of Corp					
cub ir		GRIM CPA PLLC				
SUBJE	ECT:	Name of Limi	ted Liability Company			
The en	closed Articles of a	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspoi	ndence concerning this matter	to the following:			
		LISA K PILGRIM CPA				
			Name of Person			
LKP GROUP CPA LLC						
Firm/Company						
		5150 BELFORT ROAD B	UILDING 400			
			Address			
	JACKSONVILLE, FL 32256					
City/State and Zip Code						
	LPILGRIM@BMWCPA.COM E-mail address: (to be used for future annual report notification)					
For fur	ther information co	e-mail address: (i oncerning this matter, please ca		Cation)		
LISA	K. PILGRIM		904 694-4275 at ()			
	Name of	f Person	at (at () Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$2	5.00 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)		

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

LISA K. PILGRIM CPA PLLC	
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L16000036058</u>	Company were filed on 02/22/2016 and assigned
This amendment is submitted to amend the following:	1 1 1 1 1 1 1 1 1 1
A. If amending name, enter the new name of the lir	nited liability company here:
LKP GROUP CPA LLC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "LLG"
Enter new principal offices address, if applicable:	بي ي
(Principal office address MUST BE A STREET ADD	
	ار دور سور ا
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			
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			☐ Remove
			□ Change

& ASSOCIATES, PLLC) T	O LKP GROUP CPA LLC. I AM ALSO GO	ING TO CANCEL THE DBA.
IF THERE IS ANYTHING	ELSE I NEED TO DO PLEASE ADVISE.	

		<u> </u>
		(c)
		: 3
		(2) · · · · · · · · · · · · · · · · · · ·
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ctive date, if other than th	01/02/2018 e date of filing:	(optional)
effective date is listed, the date m	ist be specific and cannot be prior to date of filing colock does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605
iment's effective date on the	Department of State's records.	
ecord specifies a delays	ed effective date, but not an effective	e time, at 12:01 a.m. on the earli
ne 90th day after the re	cord is filed.	5 cm c, 50 25,02 5
, JANUARY / 02	2018	
dorm	·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00