

216 000 101772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

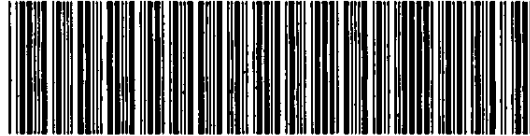
(Business Entity Name)

(Document Number)

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05/31/18--01016--010 **25.00

16 MAY 31 AM 7:01
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA



IP ACCOUNTING GROUP & BUSINESS CONSULTANTS

199 SW 12th Avenue, Suite 4, Miami, FL 33130-1056

Phone: 305.324.2248 * Fax: 305.324.4959

email: ib@accountinggroup.comcastbiz.net

May 27, 2016

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Layham Group Biz Consultants Group, LLC
Articles of Amendment
Doc.#L16000101772

Dear Sir or madam:

Please find Articles of Amended to the above entity; enclosed you will find a check#1043 in the amount of \$25.00 covering the required filing fee of this application.

If further additional information is needed in regard to this Articles of Amended, please do not hesitate to contact the undersigned.

Cordially yours,

IP Accounting Group and Business Consultants


INGRID L. BUNSTER

Our file Layham-0257

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAYHAM GROUP BIZ CONSULTANTS GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

INGRID L BUNSTER

Name of Person

IP ACCOUNTING GROUP AND BUSINESS CONSULTANTS

Firm/Company

199 SW 12TH AVENUE, SUITE 4

Address

MIAMI, FL 33130

City/State and Zip Code

IB@ACCOUNTINGGROUP.COMCASTBIZ.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INGRID L BUNSTER

305 324-2248
at ()

Name of Person

Area Code

Daytime 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)

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**

LAYHAM GROUP BIZ CONSULTANTS GROUP, 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 5/25/16 and assigned
Florida document number L16000101772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LAYHAM GROUP BIZ CONSULTANTS, LLC

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 ADDRESS)

8855 NW 35TH LN

DORAL, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8855 NW 35TH LN

DORAL, FL 33172

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:

New Registered Office Address:

Enter Florida street address

, Florida

City

16 MAY 31 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MONICA C GRATEROL	8855 NW 35TH LN	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 MAY 31 AM 7:01
RECEIVED
TALLAHASSEE FLORIDA

16 MAY 31 AM 7:01
 RECEIVED BY
 TALLAHASSEE, FLORIDA

(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)

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.

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

FRANCESCO T TUOZZOLO, MGRM

Typed or printed name of signee