

L16000115526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

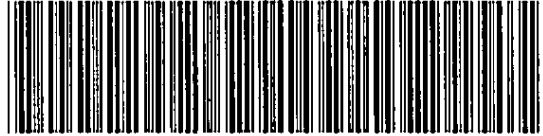
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400313786114

05/29/19--01007--004 **25.00

FILED
2019 MAY 29 AM 11:21

5/31/1805

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCOUNTING SERVICE PROVIDER, 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:

JAIME NARANJO

Name of Person

ACCOUNTING SERVICE PROVIDER, LLC

Firm/Company

2598 E SUNRISE BLVD, SUITE 2104

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

jaime.naranjo@outlook.com

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

For further information concerning this matter, please call:

JAIME NARANJO

754 707 2063
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

2009 MAY 29 AM 10:21

0711 100

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACCOUNTING SERVICE PROVIDER, 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 06/15/2016 and assigned
Florida document number L16000115526.

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 "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 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:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr. Suite 150A

Enter Florida street address

Tampa

City

Florida

33607

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.

Registered Agents Inc.

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>
MGR	JAIME A. NARANJO	3015 N OCEAN BLVD	<input type="checkbox"/> Add
		APT 6G	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change
AMBR	CONSUELO R. DUPLAT	3015 N OCEAN BLVD	<input type="checkbox"/> Add
		APT 6G	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. What is the main purpose of the study?

2. What are the research objectives?

3. What is the significance of the study?

4. What is the scope of the study?

5. What are the limitations of the study?

6. What is the methodology used in the study?

7. What are the results of the study?

8. What are the conclusions of the study?

9. What are the recommendations of the study?

10. What are the future research directions?

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 22, 2018

Signature of a member or authorized representative of a member

JAIME A. NARANJO

Typed or printed name of signee