

L17000133900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

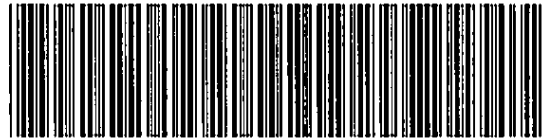
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2019 JAN -9 A 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JAN 11 2019

15512 Tidal Cove Aly
WINTER GARDEN, FL 34778
Phone: 337-302-0058

ORLANDO ACCOUNTING PROFESSIONALS

January 7, 2019

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

To whom it may concern:

Please note that the initial Articles of Amendment were mailed on December 7th. The \$25 check cleared our bank on December 12th. It appears, at the time, we made an error and we should have included page 2 of the Articles of Amendment even though we had no changes. We called your office twice within the last month and we were told a letter will be sent to us with further instructions. We have not received either one of the letters.

Enclosed you will find a new copy of the complete Articles of Amendment with the exception of the check which your office already has. Please file on our behalf. Should you have any questions please contact me at the number above.

Thank you for your help,

Gabriela Snell

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2019 JAN - 8 2019
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
DIVISION OF CORPORATIONS

2019 JAN - 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&G ACCOUNTING AND BUSINESS SERVICES 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:

GABRIELA SNELL

Name of Person

ORLANDO ACCOUNTING PROFESSIONALS LLC

Firm/Company

15512 TIDAL COVE ALY

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

info@agaccount.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN - 9 A 2:07

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For further information concerning this matter, please call:

GABRIELA SNELL

337

3020058

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 2019 JAN 19 A 2:08
 CLERK OF DISTRICT COURT
 TALAHASSEE, FLORIDA

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

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2019 JAN -9 AM 2
SECRETARY OF
TALAHASSEE FL

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2019 JAN -9 A 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 January 7, 2019

S. Mull
Signature of a member or authorized representative of a member

GABRIELA SNELL

Typed or printed name of signee