

L17000144564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2019 JUN 27 P 1:09

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T. LEMMON

JUL 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARLESS VINIAR & ASSOCIATES, CPAS, 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:

CAROLINE HARLESS

Name of Person

HARLESS & ASSOCIATES, CPAS

Firm/Company

222 LAKEVIEW AVENUE, SUITE 1750

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

CHARLESS@HARLESSANDASSOCIATES.COM

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

For further information concerning this matter, please call:

CAROLINE HARLESS

Name of Person

at (561) 666-4200

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> <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

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

HARLESS, VINIAR & ASSOCIATES, CPAS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2017 JUN 27 P 1:09

The Articles of Organization for this Limited Liability Company were filed on JULY 5, 2017 and assigned
Florida document number L17000144564.

This amendment is submitted to amend the following:

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

HARLESS & ASSOCIATES, CPAS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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: CAROLINE HARLESS

New Registered Office Address: 222 LAKEVIEW AVENUE, SUITE 1750

Enter Florida street address

WEST PALM BEACH

City

Florida

33401

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.



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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

N/A

NA

(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)

(b) The 90th day after the record is filed.

Cynthia O. Huerfano
Signature of a member or authorized representative of a member

Typed or printed name of signee