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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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SUBJECT		AcGrath CPA, LLC		Ş	
SUBJECT	·	Name of Lim	ited Liability Company		13 19
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		OM SAN ON
Please retu	urn all correspo	ondence concerning this matter	to the following:		·
		Barbara Gayle			
			Name of Person		
			Firm/Company		
		2850 North Andrews Aver	nie		
			Address		
		Fort Lauderdale, FL 33311			
			City/State and Zip Code		
		bgayle@remcgrathcpa.net			
For further	r information c	E-mail address: (oncerning this matter, please e	to be used for future annual report no all:	tification)	
Barbara G	layle		954 773-7160		
	Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed i	is a check for th	he following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
	Mailing Addres		<u>Street Address:</u> Registration S	ection	
	Registration S Division of C		Division of Co		
	P.O. Box 632		The Centre of	Tallahassee	
7	Γallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robert E. McGrath CPA, LLC		&
(Name of the Limited Liability	y Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number L18000133705		and assigned
This amendment is submitted to amend the following:		ŕ
A. If amending name, enter the new name of the limit	ted liability company here:	
McGrath & Gayle CPA, LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	ıddress
		_, Florida
	City	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>	Address	Type of Action
AMBR	Barbara Gayle, CPA, P.A.	23257 State Road 7, Suite 103, Boca Raton, FL 33428	} ≣ Add
			_ □Remove
			_ □Change
			_ □Add
			□Remove
			□Change
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			□Remove
			□Change

	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 	
	
	
(If an effective date is listed, Note: If the date inserte	er than the date of filing: January 1, 2020 (optional), the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (deed in this block does not meet the applicable statutory filing requirements, this date will not be listed as thate on the Department of State's records.
f the record specifies a delagecord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 2	Signature of a member or authorized representative of a member
Robert E.	McGrath Typed or printed name of signee

• . . .

Filing Fee: \$25.00