

L18000 177 923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

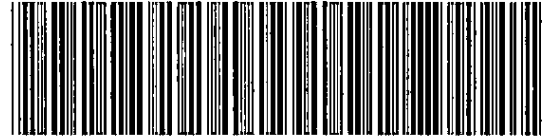
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
*wrong form 4085*

Office Use Only



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08/26/19--01009--001 \*\*45.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 SEP 23 PM 12:18

*Amend*

OCT 01 2019  
D CUSHING



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2019

KAREN RHAGNANAN  
FCIS ACCOUNTING SERVICES, LLC  
9507 SW 160TH STREET, SUITE 200  
MIAMI, FL 33157

SUBJECT: FCIS ACCOUNTING SERVICES LLC  
Ref. Number: L18000177923

We have received your document for FCIS ACCOUNTING SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 119A00018429

2019 SEP 23 PM 12:29

RECEIVED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FCIS Accounting Services, LLC

DOCUMENT NUMBER: L18000177923

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Rhagnanan  
Name of Contact Person

FCIS Accounting Services, LLC.  
Firm/ Company

9507 SW 160th Street Suite #200  
Address

Miami, Florida 33157  
City/ State and Zip Code

karen@fcisinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Rhagnanan at ( 786 ) 457-0675  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 DIVISION OF CORPORATIONS  
 19 SEP 23 PM 12:18

ARTICLES OF ORGANIZATION  
OF

FCS Accounting Services, 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 7/24/18 and assigned Florida document number L1800017923

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 "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:

New Registered Office Address:

Enter Florida street address

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 SEP 20 PM 1:19

MGR = Manager  
 AMBR = Authorized Member

or removed from our records:

Type of Action	Address	Name	Title
<input checked="" type="checkbox"/> Add	9507 S.W. 160th Street #200	Karen S. Ranganathan	MGR
<input type="checkbox"/> Remove	Miami, Fl. 33157		
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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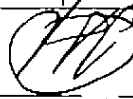
Filing Fee: \$25.00

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Typed or printed name of signer

Lloyd Singh

Signature of a member or authorized representative of a member



Dated 9/20/19

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.

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.

Multiple horizontal lines for text entry.