

L190000 72097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

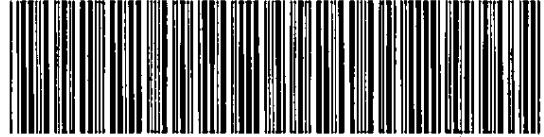
(Business Entity Name)

(Document Number)

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2019 APR 10
10:17

LAW OFFICE
OF
JOHN A. WATSON

JOHN A. WATSON

2501 East Commercial Boulevard, Suite 208
Fort Lauderdale, Florida 33308
Telephone (954) 289-5990
Facsimile (954) 337-2722
jwatson@johnwatsonlaw.com

PLEASE REPLY TO:
P. O. Box 11066
Fort Lauderdale, Florida 33339

April 9, 2019

VIA FEDEX

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Certificate of Amendment for Stephen F. Jacob CPA, LLC
Florida Document No. L19000072097

Dear Sir:

Please find enclosed Certificate of Amendment to Articles of Organization of Stephen F. Jacob CPA, LLC together with this firm's check for \$25.00 for the filing fee.

Thank you for your attention to this matter. If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,



JOHN A. WATSON
For the Firm

JAW:js
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEPHEN F. JACOB CPA, 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:

John A. Watson, Esq.

Name of Person

Law Office of John A. Watson

Firm/Company

P.O. Box 11066

Address

Fort Lauderdale, FL 33339

City/State and Zip Code

jwatson@johnwatsonlaw.com

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

For further information concerning this matter, please call:

John A. Watson

954

803-7515

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

2018 APR 10 AM 10:11
RECEIVED
DIVISION OF CORPORATIONS

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

STEPHEN F. JACOB CPA, 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 March 14, 2019 and assigned
Florida document number L19000072097.

This amendment is submitted to amend the following:

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

STEVEN F. JACOB CPA, LLC

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: STEVEN F. JACOB

New Registered Office Address:

Enter Florida street address

City

Florida

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>
MGR	STEPHEN F. JACOB	3696 North Federal Highway	<input type="checkbox"/> Add
		Suite 301	
		Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN F. JACOB	3696 North Federal Highway	<input checked="" type="checkbox"/> Add
		Suite 301	
		Fort Lauderdale, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

STEVEN F. JACOB

Typed or printed name of signee