

# L 99000009349

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

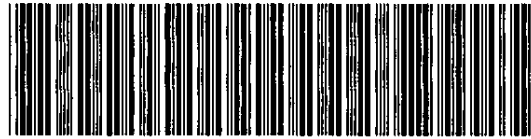
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
13 JAN -7 PM 12:59  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN -9 2013



**Lauteria & Company, PLC** (A Professional Limited Company)  
CERTIFIED PUBLIC ACCOUNTANTS

Telephone: (407) 872-6829  
Fax: (407) 872-6803  
E-mail: [info@lauteria-cpa.com](mailto:info@lauteria-cpa.com)

605 E. Robinson Street, Suite 620  
Orlando, Florida 32801-2046

*Louis H. Lauteria, CPA*  
*Gregory F. King, CPA*

January 3, 2013

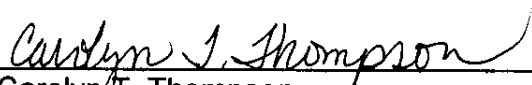
Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find our completed "Articles of Amendment to Articles of Organization" of Lauteria & Company, PLC changing the Firm name to Lauteria & King, PLC.

Also enclosed is our check in the amount of \$25.00 to cover the cost of the filing fee.

Sincerely,

  
Carolyn T. Thompson  
Office Manager

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAUTERIA & COMPANY, PLC  
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:

GREGORY F. KING, CPA

Name of Person

LAUTERIA & COMPANY, PLC

Firm/Company

605 EAST ROBINSON STREET, STE 620

Address

ORLANDO, FL 32801

City/State and Zip Code

gking@lauteria-cpa.com

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

For further information concerning this matter, please call:

GREGORY F. KING, CPA at ( 407 ) 872-6829

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

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

FILED  
13 JAN -7 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAUTERIA & COMPANY, PLC

(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 DECEMBER 29, 1999 and assigned Florida document number L99000009349.

This amendment is submitted to amend the following:

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

LAUTERIA & KING, PLC

The new name must be distinguishable and end with 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)**

605 EAST ROBINSON STREET

SUITE 620

ORLANDO, FL 32801

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

605 EAST ROBINSON STREET

SUITE 620

ORLANDO, FL 32801

**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LAUTERIA, LOUIS H.	605 EAST ROBINSON STREET	<input type="checkbox"/> Add
		SUITE 620	<input type="checkbox"/> Remove
		ORLANDO, FL 32801	
MGRM	KING, GREGORY F.	605 EAST ROBINSOSN STREET	<input type="checkbox"/> Add
		SUITE 620	<input type="checkbox"/> Remove
		ORLANDO, FL 32801	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated JANUARY 3, 2013

Gregory F. King, CPA  
Signature of a member or authorized representative of a member  
GREGORY F. KING, CPA  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00