## 109000610976

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Spencer Forman Advisory, 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:

## David S. Forman

Name of Person

Firm/Company

6855 SW 81st Street, Suite 300

Address

Miami, FL 33143

City/State and Zip Code

dforman@davidformanesq.com

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

For further information concerning this matter, please call:

David torman

Name of Person

at (305) 606 - 0017

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)

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

	an Advisory, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000010936</u>	y were filed on 2/2/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		6;- <u>6</u>
(Principal office address MUST BE A STREET ADDRESS)		<b>三</b>
		= = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:		SA PERMIT
(Mailing address MAY BE A POST OFFICE BOX)		55 5 FS 02 PP
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
	. Flor	rida
<del></del>	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 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>	Name	Address	Type of Action
MGR	Dean viskovich	6855 SW 81st Street, Suite 300	Add
		Miami, FL 33143	Remove
			Add
			Remove
			Add
		Vi Sac	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
Dated	
	1) Cent
	Signature of a member or authorized representative of a member
	David Forman
<del></del>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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