

L170000195658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

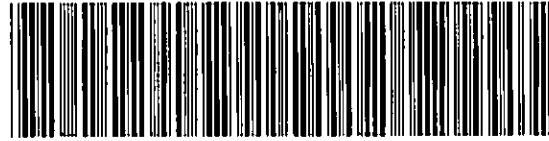
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300357190923

01/20/21--01001--01? \*\*25.00

2021 JUN 19 11:13:04

2021 JUN 19 AM 8:40  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. ADVISORS CLUB LLC

Name

Document Number (if known)

Walk in

Will wait

Certified Copy

Certificate of Status

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

INC

OTHER - Corp

**AMENDMENTS**

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Conversion

Merger

**OTHER FILINGS**

Annual Report

Fictitious Name

Statement of Authority

APOSTIL ( ) \_\_\_\_\_  
**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

Foreign Filing

Limited Partnership

Reinstatement

Trademark

Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ADVISORS CLUB 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:

Shane Spierdowis

\_\_\_\_\_  
Name of Person

ADVISORS CLUB LLC

\_\_\_\_\_  
Firm/Company

2212 S CHICKASAW TRL #1149

\_\_\_\_\_  
Address

ORLANDO, FL. 32825

\_\_\_\_\_  
City/State and Zip Code

santoro90@pm.me

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

For further information concerning this matter, please call:

LURA BARUA

at ( 888 ) 650-3738  
\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ADVISORS CLUB 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 09/20/2017 and assigned Florida document number L17000195458.

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 "L.L.C."

Enter new principal offices address, if applicable:

2212 S CHICKASAW TRI.

**(Principal office address MUST BE A STREET ADDRESS)**

#1149

Orlando, FL, 32825

Enter new mailing address, if applicable:

2212 S CHICKASAW TRI.

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

#1149

Orlando, FL, 32825

**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:

SHANE SPIERDOWIS

New Registered Office Address:

2212 S CHICKASAW TRI. #1149

*Enter Florida street address*

Orlando

*City*

Florida

32825

*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.*

*Shane Spierdowis*

**If Changing Registered Agent, Signature of New Registered Agent**

2017 SEP 21 AM 8:40  
STATE  
SECRET  
D

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>
AMBR	SHANE SPIERDOWIS	2212 S CHICKASAW TRI.	<input checked="" type="checkbox"/> Add
		#1149	<input type="checkbox"/> Remove
		ORLANDO, FL. 32825	<input type="checkbox"/> Change
AMBR	ADVISORS EDUCATION LLC	1309 ST JOHNS BLUFF ROAD N.	<input type="checkbox"/> Add
		SUITE 4	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL. 32225, US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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.

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.

Dated 1/18/2021

Shane Spierdowis  
Signature of a member or authorized representative of a member

Shane Spierdowis  
Typed or printed name of signee