

**L10000056093**

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(Requestor's Name)

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

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

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

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

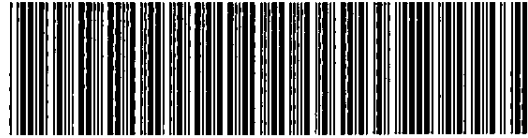
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
DEC 5 2011  
**EXAMINER**



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Montgomery Asset Management, 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:

Kathryn Giardina  
Name of Person

Montgomery Asset Management, LLC  
Firm/Company

2975 Bee Ridge Rd. Ste. A  
Address

Sarasota FL 34239  
City/State and Zip Code

giardina.kathryn@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Giardina at (941) 383-3222  
Name of Person Area Code & Daytime Telephone Number  
678-492-2170

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

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Montgomery Asset Management LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 25, 2010 and assigned  
Florida document number L 10000056093.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office's address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2975 Bee Ridge Rd. Ste. A  
Sarasota, FL 34239

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2975 Bee Ridge Rd. Ste. A  
Sarasota, FL 34239

**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:

2975 Bee Ridge Rd. Ste. A  
Enter Florida street address

Sarasota  
City

Florida 34239  
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

Title	Name	Address	Type of Action
MGR	Aubrey L. Price	3212 Bay Drive Bradenton, FL 34207	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David M. Willms	6077 Myakka Valley Trail Sarasota, FL 34241	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Justin Zegalia	255 Race Track Rd. Ste. 2 McDonough, Ga. 30252	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated November 28, 2011

Kathryn Giardina  
Signature of a member or authorized representative of a member

Kathryn Giardina  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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