

L0000007840

(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



000186380800

10/08/10--01013--010 \*\*25.00

FILED  
10 OCT 20 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 21 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2010

OSWALD & OSWALD, P.L.  
ATTORNEYS AT LAW  
222 S. WESTMONTE DRIVE, SUITE 210  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: VANGUARD PARTNERS, LLC  
Ref. Number: L00000007840

We have received your document for VANGUARD PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 210A00024054

FILED  
10 OCT 20 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Vanguard Partners, LLC, a Florida limited liability company

(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 07/03/2000 and assigned  
Florida document number L00000007840.

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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4950 Yonge Street

Suite 1010

Toronto, ON M2N 6K1

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4950 Yonge Street

Suite 1010

Toronto, ON M2N 6K1

FILED  
10 OCT 20 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Douglas W. Oswald

New Registered Office Address:

222 S. Westmonte Drive, Suite 210

*Enter Florida street address*

Altamonte Springs

, Florida

32714

*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.*

*[Signature]*  
**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>
MGR	Ronald J. Liss	498 Palm Springs Drive Suite 100 Altamonte Springs, Florida 32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Eli Swirsky	4950 Yonge Street Suite 1010 Toronto, ON M2N 6K1	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
10 OCT 20 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Eli Swirsky

\_\_\_\_\_  
Typed or printed name of signer