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(Re	equestor's Name)	
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SECRETARY OF STATE VLLAHASSEELFLORIDA

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**S Warren** NOV 28 2016

### **COVER LETTER**

Divi	ision of Corp	orations				
SUBJECT:	Deighton Fir	nancial Services LLC				
SUBJECT		Name of Limi	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Robert H Deighton III	Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  See concerning this matter to the following:  Robert H Deighton III  Name of Person  Deighton Financial Services LLC  Firm/Company  1349 Castle Dr.  Address  Sarasota, FL. 34240  City/State and Zip Code  deighton@verizon.net  E-mail address: (to be used for future annual report notification)  rning this matter, please call:  at (			
Name of Person						
		7349 Castle Dr.				
		Address				
		Sarasota, FL. 34240				
			City/State and Zip Code			
		bdeighton@verizon.net				
For further in	nformation co	ncerning this matter, please ca		eation)		
Robert H De	eighton III		,			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for the	e following amount:				
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &		

MAILING ADDRESS:

TO: . Registration Section

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

Deighton Financial Services LLC		<del></del>
( <u>Name of the Limited Liability</u> (A Florida	(Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on 01/17/2001	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	led liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	2.8
		(A)
Enter new mailing address, if applicable:		To w
(Mailing address MAY BE A POST OFFICE BOX)		
		RAIL 3
		-
B. If amending the registered agent and/or registered agent and/or the new registered office addr	· ·	iter the name of the ne
	- <del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
AMBR	Robert W Deighton	7349 Castle Dr.	■ Add
		Sarasota, FL. 34240	Remove
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			Add
			🗖 Remove
			Change
			🗖 Remove
			Change
***************************************			Add
			□ Remove
			Change
			Add
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		- CORUA	Remove  Change

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ffective (	date, if other than the ore date is listed, the date must	late of filing be specific and o	:cannot be prior to date	e of filing or more than	(optiona 190 days after filin	l) ig.) Pursuant to	605.020
lote: If th	ne date inserted in this blo s effective date on the De	ck does not me	eet the applicable s	tatutory filing requi	rements, this da	te will not be	listed a
	*:::::::::::::::::::::::::::::::::	-66 - although	aka basa k				
The 90	d specifies a delayed th day after the reco	rd is filed.	ate, but not an	effective time,	at 12:01 a.m	. on the ea	arlier (
ated	11/20		7.016				
	11.					ra	
		signature of a m	ember or authorized	representative of a me	ember > 30	E T	1
	Robert H Deighton III						*** **-
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					STA	22	<b>y</b>
			Page 3 of	• •	<u>~</u>	1.1 .	

Filing Fee: \$25.00