

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514 Phone: (727)442-1200

Fax Number : (727) 443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHURTLEFF FINANCIAL & ASSOCIATES, LLC

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Certificate of Status	0
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SECRETARY OF STATE

B. BOSTICK

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Corporate Filing Menu

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EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHURTLEFF FINANCIAL & ASS				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Florida document number <u>L05000108726</u>	Company were filed on 11/08/2005	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<u></u>	7 2		
(Principal office address MUST BE A STREET ADD	RESS)	PE 3		
		1 - N		
Enter new mailing address, if applicable:		ma T		
(Mailing address MAY BE A POST OFFICE BOX)				
		932 W		
		Ĉ., ₽		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, dress here:	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Fio	, Florída		
	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 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 2	Type of Action	
MGRM	JEFFREY SHURTLEFF	275 BAYSHORE BLVD., UNIT 1405	Add	
		TAMPA, FL 33615	Remove	
MGR	JS MANAGEMENT OF TAMPA, L.L.C.	275 BAYSHORE BLVD., UNIT 1405	- Add	
		TAMPA, FL 33606	Remove	
		TALLAHASSEE. FLOR DE	Add Remove	
			Add Remove	
	·		Add Remove	

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ated	July 2	, 2013		
_	July &	2 Shutabl		
J	EFFREY G. SHU	e of a member or authorized repre	schlative of a member	_

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