

L06000041963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

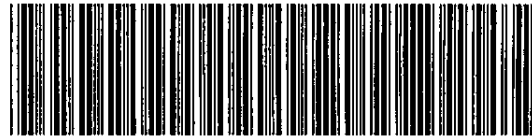
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700251259757

09/16/13--01019--004 **25.00

FILED
13 SEP 30 AM 11:06
CLERK OF COURT
TALLAHASSEE, FLORIDA

W13-51524
NL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2013

ARTHUR ATHANAS
3022 NE 39 ST
FT LAUDERDALE, FL 33308

SUBJECT: SENIOR RESOURCE CENTER LLC
Ref. Number: W13000051524

We have received your document for SENIOR RESOURCE CENTER 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 division of corporations shows no records of an entity by the name of senior resource center llc.,

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00021799

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENIOR RESOURCE CENTER 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:

ARTHUR W. ATHANAS
Name of Person

SENIOR RESOURCE CENTER LLC
Firm/Company

3022 NE 49 ST
Address

FORT LAUDERDALE FL 33308
City/State and Zip Code

AWATHANAS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR ATHANAS
Name of Person

at (954) 560-2891
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
TALLAHASSEE, FLORIDA
SEP 13 2006

13 SEP 30 AM 10:06

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

SRC FINANCIAL GROUP 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 MAY 1 2006 and assigned
Florida document number L06000041963

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ATHANAS WEALTH MANAGEMENT GROUP LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, Florida _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 SEP 30 AM 10:00
RECEIVED
TALLAHASSEE, FLORIDA

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

Dated

Oct 1 2013



Signature of a member or authorized representative of a member

ARTHUR W. ATHANAS

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
13 SEP 30 AM 10:06
REC'D POL. STATE
TALLAHASSEE, FLORIDA