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(Requestor's Name)

(Address)

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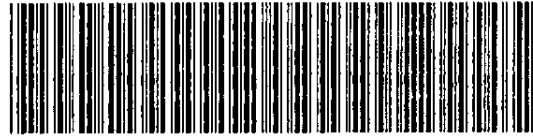
(Business Entity Name)

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EXAMINER

EDWARD B. COHEN  
DAVID C. KOTLER  
MICHAEL I. KOTLER •  
ALLAN H. SCHWARTZ  
RONALD M. ZAKARIN ••

LAW OFFICES  
SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLER, P.A.  
ATTORNEYS AT LAW  
54 S.W. BOCA RATON BOULEVARD, BOCA RATON, FLORIDA 33432  
TELEPHONE: 561-361-9600 FACSIMILE: 561-361-9770  
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ABIGAIL R. LANGWEILER •••  
JAMIE E. MORRIS ••••  
PAULA GOLD (RETIRED)

ESTABLISHED 1984

March 21, 2011

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Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization of LF Financial, LLC  
File Number 5-588-12

Dear Sir/Mam:

Enclosed please find our law firm's check in the amount of Twenty Five Dollars (\$25.00) for the filing of the enclosed Articles of Amendment to the Articles of Organization of the above referenced limited liability company. Please file the Articles of Amendment to the Articles of Organization and return a copy of the filed articles in the enclosed self-addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,



Michael I. Kotler

Encl.  
MIK/jk



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LF Financial, 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:

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TALLAHASSEE, FLORIDA

**Michael I. Kotler, Esquire**  
Name of Person

**Schwartz Gold Cohen Zakarin & Kotler, P.A.**  
Firm/Company

**54 SW Boca Raton Boulevard**  
Address

**Boca Raton, Florida 33432**  
City/State and Zip Code

**mkotler@sgczklaw.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael I. Kotler, Esquire** at ( **561** ) **361-9600**  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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11 MAR 28 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LF Financial, 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 11/27/2006 and assigned  
Florida document number L06000113641.

This amendment is submitted to amend the following:

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

Shearson Financial Services, 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

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

The Effective Date for the current change of name shall be April 5, 2011.

Dated 3/17 2011

\_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Jed P. Kaplan  
 Typed or printed name of signee

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