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SECRETARY OF STATE OF STATE OF CORPORATIONS

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COHEN ● KOTLER

Attorneys at Law

Established 1984

54 SW Boca Raton Boulevard • Boca Raton, Florida 33432 • Phone : 561-361-9600 • Fax: 561-361-9770 E-Mail: mkotler@cohenkotler.com Web: www.CohenKotler.com

Edward B. Cohen • David C. Kotler • Michael I. Kotler*

*Also admitted in District of Columbia and Pennsylvania

August 3, 2018

<u>Sent Via Certified Mail - 7016 1970 0000 4532 3123 - Return Receipt Requested</u>
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Shearson Financial Services, LLC

File Number 36-588-3

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

Signed in Mr. Kotler's abesence to avoid delay

Michael cl. Lotter/jk

Encl. MIK/jk

COVER LETTER

| | gistration Sec vision of Corp | | | |
|---------------|---|--|---|--|
| SURJECT: | | nancial Services, LLC | | |
| oobone r. | | Name of Lim | ited Liability Company | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspor | dence concerning this matter | to the following: | |
| | | Jed Kaplan | | |
| | | | Address Oca Raton, FL 33433 City/State and Zip Code Behanise@aol.com E-mail address: (to be used for future annual report notification) ning this matter, please call: at (| |
| | Division of Corporations UBJECT: Shearson Financial Services, LLC | | | |
| | | | Firm/Company | |
| | | Particles of Amendment and fee(s) are submitted for filing. Correspondence concerning this matter to the following: Jed Kaplan | | |
| | | | Address | ing. of Person Company of dress and Zip Code future annual report notification) for a Code Daytime Telephone Number Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy onal copy is enclosed) |
| | | Boca Raton, FL 33433 | | |
| | | | City/State and Zip Code | |
| | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further i | nformation co | ncerning this matter, please co | all: | |
| Michael I. k | Kotler, Esquire | 2 | | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for the | e following amount: | | |
| ■ \$25.00 B | Filing Fee | _ | Certified Copy | Certificate of Status & Certified Copy |

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

| Shearson Financial Services, LLC | | |
|---|---|-------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | nany as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Compan | y were filed on 11/27/2006 | and assigned |
| Florida document number 1.06000113641 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" or t | he abbreviation "L.1C." |
| Enter new principal offices address, if applicable: | | 3 ≥ |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | AU |
| | | ORTH |
| | | ORPC |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he | | ter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | City | Zw 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 |
|--------------|--------------|-------------------------|----------------|
| MGR | Jed Kaplan | 7000 W Palmetto Park Rd | ■ Add |
| | | Suite 306 | □ Remove |
| | | Boca Raton, FL 33433 | Change |
| CEO | Jed P Kaplan | 17729 Middlebrook Way | |
| | | Boca Raton, FL 33496 | ■ Remove |
| | | | ☐ Change |
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| ective date, if other the | an the date of fili | ng: | L. CCI | (optio | onal) | 06.000 |
| effective date is listed, the d te: If the date inserted in | this block does not | meet the applica | ole statutory filing | requirements, this | date will not be li | sted a |
| cument's effective date on | the Department of | State's records. | | | | |
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| record specifies a de The 90th day after th | elayed effective | date, but not | an effective ti | me, at 12:01 a | .m. on the ear | lier o |
| the socii day after ti | ie record is med | 1. | | | | |
| August 2 | | 2018 | | | | |
| | | -· | _· | | | |
| | | | | | | |
| | | //// | | | | |
| | Signature of | a member or author | ized representative of | of a member | | |

Page 3 of 3

Filing Fee: \$25.00