

L080000002685

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



200301112132

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07/11/17--01004--025 •••••

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17 JUL 10 PM 5:32
CLERK OF COURT
TALLAHASSEE, FLORIDA

S. WARREN

JUL 12 2017

COVER LETTER**FILING CANCELLED
RETURNED CHECK****TO:** Registration Section
Division of Corporations**SUBJECT:** SIENA AND ASSOCIATES 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:

SETH KIMMEL

Name of Person

APPROVED TITLE COMPANY

Firm/Company

9633 BROWARD BLVD SUITE 7

Address

PLANTATION FLORIDA 33

City/State and Zip Code

MATERAZZI.MELANIE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELANIE MATERAZZI

at (619) 851-5681

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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Siena And Associates 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 _____ and assigned
Florida document number LC8000002685

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

11300 FORTUNE CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

WELLINGTON FLORIDA

Enter new mailing address, if applicable:

9633 BROWARD BLVD SUITE 7

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION FLORIDA

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:

SETH KIMMEL

New Registered Office Address:

9633 BROWARD BLVD SUITE 7

Enter Florida street address

PLANTATION

City

Florida

33324

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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JACKSONVILLE, FLORIDA

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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------|---|------------------------------------|--|
| MGRM | JOHN SIENA CJR | 16500 MAINSTONE DRIVE | <input type="checkbox"/> Add |
| | | WELLINGTON FLORIDA 33414 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM MNG ME | WELLINGTON 11300 COMMERCIAL BUSINESS TRUST | 9633 BROWARD BLVD PLANTATION FL | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| REGISTE | JOHN SIENA | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| REGISTE AGENT | SETH KIMMEL PA | 9633 BROWARD BLVD SUITE 7 | <input checked="" type="checkbox"/> Add |
| | | PLANTATION FLORIDA | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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FLORIDA

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

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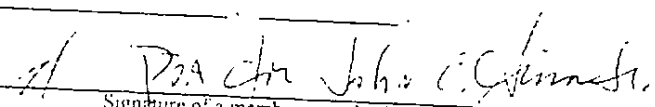
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E. Effective date, if other than the date of filing: _____ (optional)

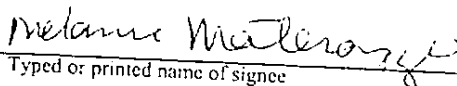
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 1 2017


Signature of a member or authorized representative of a member

JOHN SIENA


Typed or printed name of signer

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STATE OF FLORIDA