L09000091251

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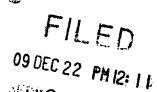
TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Select Strategies Brokerage - Florida Division, LLC						
Name of Limited Liability Company						
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.				
Please return all corresponde	ence concerning this matter	to the following:				
	Michael Paolucci					
	Name of Person					
	Firm/Company					
	4450 Eastgate Blvd., Suite 1000					
•	*	Address				
	Ci	ncinnati, Ohio 45245				
		City/State and Zip Code				
-	mpao	lucci@paoluccilaw.com be used for future annual report no	are and an area of the second			
- 0 1 t 0	·	•	tification)			
For further information cond	erning this matter, please ca	uli:				
	el Paolucci	at (513)	651-1219			
Name of Pe	erson	Area Code & Dayt	ime Telephone Number			
Enclosed is a check for the f	ollowing amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &			
		(additional copy is enclos	ed) Certified Copy (additional copy is enclosed)			
	•		(waaaaaaaa oop, o waaaaa,			
MAILING Registration	G ADDRESS:	STREET/COUR Registration Sec	RIER ADDRESS:			
	of Corporations	Division of Corp Clifton Building	orations			
1 .O. DOX (Cinton banding				

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Select Strategies - Brokerage, Florida Divison, LLCAY STAFE
(Name of the Limited Liability Company as it now appears on our records) SSEE, FLORIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number L09000091251		09/21/2009	and assigned	
. Ionaa accument nameer	·			
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
		··· - ··· · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		our records, <u>enter t</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u> </u>	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> Mary Lou Davis MGRM 2425 Abbey Avenue ✓ Add Orlando, Florida, 32833 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 70 December 21 Dated or authorized representative of a member Mary Lou Davis Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00