

L100000033439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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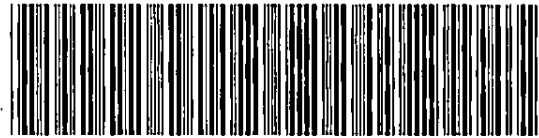
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 11 2017

LAW OFFICES OF  
**MARSHAL D. GIBSON**  
PROFESSIONAL CORPORATION

MEMBER OF THE CONNECTICUT  
FLORIDA AND NEW YORK BARS

BOARD CERTIFIED IN  
TAXATION (FLORIDA)

ONE CENTURY TOWER  
265 CHURCH STREET, SUITE 504, NEW HAVEN, CT 06510  
TEL: 203-562-8080  
FAX: 203-624-3388 E-MAIL: MGIBTAX@AOL.COM  
WEBSITE: MGIBTAX.COM

NEW YORK OFFICE  
230 PARK AVENUE, SUITE 1000, PMB 1072  
NEW YORK, NY 10169

October 6, 2017

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

Re: EDWARD J. SACK SECURITIES LLC

Dear Sir/Madam:

Enclosed please find fully executed Articles of Amendment to Articles of Organization, in duplicate, for filing with respect to the above entitled Limited Liability Company. I have also enclosed a check in the amount of \$55.00 for filing fee and certified copy fee.

Please send a certified copy of Articles of Amendment to me at: 265 Church Street, Suite 504, New Haven, Connecticut 06510.

Thank you.

Sincerely,



Marshal D. Gibson

MDG:kr  
encls.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EDWARD J. SACK SECURITIES 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:

ATTORNEY MARSHAL D. GIBSON

\_\_\_\_\_  
Name of Person

MARSHAL D. GIBSON, P.C.

\_\_\_\_\_  
Firm/Company

265 CHURCH STREET, SUITE 504

\_\_\_\_\_  
Address

NEW HAVEN, CT 06510

\_\_\_\_\_  
City/State and Zip Code

MGIBTAX@AOL.COM

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

For further information concerning this matter, please call:

ATTORNEY MARSHAL D. GIBSON

203 562-8080  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

EDWARD J. SACK SECURITIES 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 March 26, 2010 and assigned  
Florida document number H10000068650.

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 "L.L.C." 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

City, Florida 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.*

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, 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

| <u>Title</u> | <u>Name</u>                 | <u>Address</u>               | <u>Type of Action</u>                   |
|--------------|-----------------------------|------------------------------|---|
| AMBR         | David L. Sack 2010 Trust    | c/o Edward J. Sack           | <input checked="" type="checkbox"/> Add |
|              | Managing Member             | 13789 Le Havre Drive         | <input type="checkbox"/> Remove         |
|              |                             | Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Change         |
| AMBR         | John Samuel Sack 2010 Trust | c/o Edward J. Sack           | <input checked="" type="checkbox"/> Add |
|              | Managing Member             | 13789 Le Havre Drive         | <input type="checkbox"/> Remove         |
|              |                             | Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Change         |
| AMBR         | Casey A. Sack 2010 Trust    | c/o Edward J. Sack           | <input checked="" type="checkbox"/> Add |
|              | Managing Member             | 13789 Le Havre Drive         | <input type="checkbox"/> Remove         |
|              |                             | Palm Beach Gardens, FL 33410 | <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         |
|              |                             |                              | <input type="checkbox"/> Add            |
|              |                             |                              | <input type="checkbox"/> Remove         |
|              |                             |                              | <input type="checkbox"/> Change         |

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TALLAHASSEE, FLORIDA

[illegible]

(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)

(b) The 90th day after the record is filed.

Dated September 30, 2017

Edward Koch  
Signature of a member or authorized representative of a member

EDWARD J. SACK, MANAGING MEMBER

Typed or printed name of signee

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17 OCT 10 AM 10:37  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT  
TALLAHASSEE, FLORIDA