

LI00000 92593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

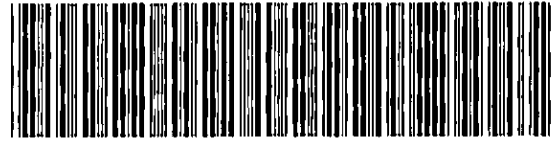
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900340360709

R 4/11/20 - 40,017 - 022 \*25.00

2020 11 11 10:49

R WHITE  
MAR 06 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Petros Financial Group, 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:

J. David Jeans

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

RezLegal, LLC

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

816 A1A North, Suite 204

\_\_\_\_\_  
Address

Ponte Vedra Beach, Florida 32250

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

rezlegal@rezlegal.com

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

For further information concerning this matter, please call:

J. David Jeans, Esquire

904 567-1172

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020. 11 10: 19

Petros Financial Group, 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 08/30/2010 and assigned  
Florida document number L10000092593.

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 "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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brian T. Mickley	4655 Salisbury Road	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32256	<input type="checkbox"/> Change
MGRM	Michael K. Macke	4655 Salisbury Road	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32256	<input type="checkbox"/> Change
MGR	Jeannette Bajalia	4655 Salisbury Road	<input type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Jacksonville, FL 32256	<input checked="" 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

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

Article VI shall be amended and replaced in its entirety with the following: The Company will be managed  
by its sole manager Jeannette Bajalia.

Article VII - Intentionally Omitted.

Article VIII shall be amended and replaced in its entirety with the following: The name and address of the  
sole manager of the Company is: Jeannette Bajalia, 4655 Salisbury Road, Suite 100, Jacksonville, Florida 32256.

**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 2/7/2020

DocuSigned by:

Jeannette Bajalia

21356F0647C1E2

Signature of a member or authorized representative of a member

Jeannette Bajalia

Typed or printed name of signee

**Filing Fee: \$25.00**