## L120000 42308

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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J. HARRIS

## **COVER LETTER**

| Division of Cor                             | porations                                    |   |   |  |  |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|--|--|
| L & M Fina                                  | ancial Services LLC                          |   |   |  |  |  |  |  |  |  |
| SUBJECT:  Name of Limited Liability Company |  |   |   |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |
| The enclosed Articles of                    | Amendment and fee(s) are subr                | mitted for filing.  |   |  |  |  |  |  |  |  |
| Please return all correspo                  | endence concerning this matter t             | o the following:  |   |  |  |  |  |  |  |  |
|   | Adam Lafferty                                |   |   |  |  |  |  |  |  |  |
|   |  | Name of Person  |   |  |  |  |  |  |  |  |
|   | L & M Financial Services I                   | LLC   |   |  |  |  |  |  |  |  |
|   |  | Firm/Company  |   |  |  |  |  |  |  |  |
|   | 1485 International Suite 10                  | 71  |   |  |  |  |  |  |  |  |
|   |  | Address   | <u>-</u> _  |  |  |  |  |  |  |  |
|   | Lake Mary Florida 327746                     |   |   |  |  |  |  |  |  |  |
|   |  | City/State and Zip Code   | <u> </u>  |  |  |  |  |  |  |  |
|   | ahl@lm-advisory.com                          |   |   |  |  |  |  |  |  |  |
|   | E-mail address: (t                           | o be used for future annual report notification                     | ation)  |  |  |  |  |  |  |  |
| For further information c                   | oncerning this matter, please ca             | II:   |   |  |  |  |  |  |  |  |
| Adam Lafferty                               |  | 407 4055824<br>at ()  |   |  |  |  |  |  |  |  |
| Name o                                      | f Person                                     | at ()<br>Area Code Daytime T  | Celephone Number  |  |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |  |
| Enclosed is a check for the                 | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |  |  |  |  |

MAILING ADDRESS:

TO:

Registration Section

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



May 20, 2015

ADAM LAFFERTY 1485 INTERNATIONAL SUITE 1071 LAKE MARY, FL 32746

SUBJECT: L & M FINANCIAL SERVICES LLC

Ref. Number: L12000062308

We have received your document for L & M FINANCIAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000012596.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00010664

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 1, 2015

Jenna D. Harris Florida Department of State Division of Corporations P.O. box 6327 Tallahassee, FL. 32314

Subject: L & M Financial Services LLC

Ref. Number L12000062308 Letter Number 315A00010664

I was the owner and managing member of Lafferty & Co. LLC document number L14000012596. I voluntarily dissolved this company May 15, 2015 and have no plans of reinstating the company under its past function and approve the release of this name for another entity.

I am also the owner of L & M Financial Services, LLC. I requested to have a name change to Lafferty & Co. LLC effective June 1, 2015. I received a letter requesting the above approval. Please make the necessary name changes per enclosed amendment dated May 8, 2015.

Please contact me via phone if there is anything else needed in order for this change to take place. I have urgent business matters, especially banking that requires this change.

Thanks in advance,

Adam Lafferty

407-405-5824

1485 International Parkway Suite 1071

Lake Mary, FL. 32746

15 JUN -5 AN 10: 54

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| L & M Financial Services LLC  | ·   |                              |
|---|---|------------------------------|
| (Name of the Limited Liability C<br>(A Florida Lin                  | ompany as it now appears on our records<br>nited Liability Company) | .)                           |
| The Articles of Organization for this Limited Liability Com         | pany were filed on 05/08/2012                                       | and assigned                 |
| Florida document number L12000062308                                |   |                              |
| This amendment is submitted to amend the following:                 |   |                              |
| A. If amending name, enter the new name of the limited              | liability company here:   |                              |
| Lafferty & Co. LLC  |   |                              |
| 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 ADDRES                   | <u> </u>  |                              |
|   |   | 至四 5                         |
|   |   | = E                          |
| Enter new mailing address, if applicable:                           |   | 三 二                          |
|   |   |                              |
| (Mailing address MAY BE A POST OFFICE BOX)                          |   |                              |
|   |   | <u> </u>                     |
|   |   | <b>三</b>                     |
| B. If amending the registered agent and/or registered               | ed office address on our records                                    | enter the name of the ne     |
| registered agent and/or the new registered office address           | s here:   |                              |
|   |   |                              |
| Name of New Registered Agent:                                       |   |                              |
| New Registered Office Address:                                      |   |                              |
| New Registered Office Address.                                      | Enter Florida street address  |                              |
|   | Fla   | rida                         |
| <del></del>   | 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> **Name Address Type of Action** Richard McIntyre MGR 2283 Northumbria Drive \_□ Add Sanford, FL. 32771 **■** Remove ☐ Change \_ Add □ Remove ☐ Change ☐ Add □ Remove \_□ Change \_□ Add ∰ ⊆ □ **Gr**emove ORDER Renflove ☐ Change □ Add □ Remove

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|                |  |         |               |            | 06-01-     | -2015 @     | 12:01 a.m   | 1           |              |             |                       |           |  |
| effecti        | date, if other to<br>we date is listed, th | than th | he date o     | of filing  | :          | _           |             |             | han 00 da    | (options    | al)<br>ing ) Pursua   | ent to 60 | \S 00                                    |
| <u>e:</u> If 1 | the date inserted                          | in this | block doe     | es not m   | eet the a  | ıpplicable  | statutory   | filing re   | quiremen     | ts, this da | ate will no           | t be lis  | ted:                                     |
| ument          | 's effective date                          | on the  | Departme      | ent of St  | tate's rec | ords.       |             |             |              |             |                       |           |  |
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|                | Oth day after                              | tne re  | ecora is<br>, | mea.       |            |             |             |             |              |             |                       |           |  |
| ne 90          | -01-2015                                   | ,       | / /           |            | 12:01      | a m         |             |             |              |             |                       |           |  |
| 06.            | ·  | //      |               | <u> </u>   | 12.01      | ———·        |             |             |              |             | <u></u> £             | 5         |  |
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| 06.            |  | 71.     | Signatu       | ire of a m | nember o   | r authorize | ed represen | tative of a | member       |             | - High<br>SS2<br>2007 | JUN -5    | <del> </del>                             |
| 06.            | Adam Lafferty                              | 71.     | Signatu       | ire of a n | nember of  | r authorize | ed represen | tative of a | member       |             | HOSSEE.               | -5 AM     | T-11-11-11-11-11-11-11-11-11-11-11-11-11 |

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Filing Fee: \$25.00