

42000176358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

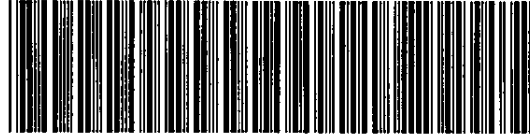
(Business Entity Name)

(Document Number)

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OF FLORIDA

J. Stivers MAR 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assertive Financial Management Team, 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:

Rachel Vixamar

Name of Person

Assertive Financial Management Team, LLC

Firm/Company

5440 N St Rd 7 Suite 217

Address

Fort Lauderdale FL, 33319

City/State and Zip Code

rvixamar.taxservices@gmail.com

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

For further information concerning this matter, please call:

Rachel Vixamar

Name of Person

at 754 214-1134

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**

Assertive Financial Management Team, 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 October 25, 2012 and assigned
Florida document number L12000136358.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5440 N St Rd 7 Suite 217 Fort Lauderdale FL, 33319

(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

MGR = Manager
AMBR = Authorized Member

Remove
15 MAR - 2 AM 10Z 11
Add
remove

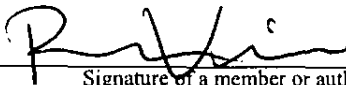
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Rachel C. Vixamar should be documented as
President (P) not CEO.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Septemebr 9, 2014



Signature of a member or authorized representative of a member

Rachel C. Vixamar

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 MAR - 2 AM 10:22

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