

L12000136358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

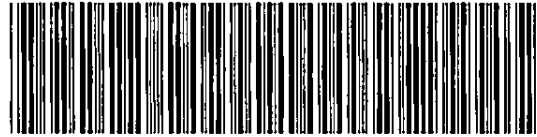
(Business Entity Name)

(Document Number)

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

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FILED  
2017 AUG 24 PM 2:41  
CITY OF ALABAMA

AUG 25 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Assertive Financial Management Team,  
Name of Limited Liability Company LLC

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,  
Firm/Company LLC

5440 N. State Rd 7 Suite 217  
Address

Fort Lauderdale FL 33319  
City/State and Zip Code

vixamar@myafmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Vixamar at 954 907-2754  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2017

RACHEL VIXAMAR  
5440 N STATE RD 7 SUITE 217  
FT LAUDERDALE, FL 33319

SUBJECT: ASSERTIVE FINANCIAL MANAGEMENT TEAM, LLC  
Ref. Number: L12000136358

We have received your document for ASSERTIVE FINANCIAL MANAGEMENT TEAM, 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 form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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: 917A00016556

RECEIVED  
2017 AUG 24 PM 12:02  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED  
2017 AUG 24 PM 2:41  
TALLAHASSEE, FLORIDA

Assertive Financial Management Team, UC

2017 AUG 24 PM 2:41  
Registered Agent

If an existing 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>
VP	Donnie Coling	9999 Summerbreeze Dr Apt 1006 Sunrise FL 33322	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**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.

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

2017]

*[Handwritten signature]*

Signature of a member or authorized representative of a member

Rachel Vixamar

Typed or printed name of signee

2017 AUG 24 PM 2:41