L12000136358

(Re	questor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
		MAIL
(Bu	isiness Entity Nar	me)
(De	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	hv



08/10/17--01008--010 **25.00





COVER LETTER

TO: Registration Section Division of Corporations

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:



□ \$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

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ALLANASSEE, FLORID <u>61</u> Wid. 入事の現ま 2017 AUG 24

2017 AUG 24 PH 2: 4

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Т	AMENDMENT O ORGANIZATION
-	OF CONTRACTION
ASSENTIVE FMANCIA	<u>l Management Team</u> , UC Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{\square 20013035}$	where filed on $10/25/2012$ and assigned B
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u> l	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.U.C."
Enter new principal offices address, if applicable:	5440 N. State Rd 7 Suite 217 Fort Landerdale FL 333/9
(Principal office address MUST BE A STREET ADDRESS)	TOT CUMULTURINE TO SUST
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our records, <u>enter the name of the new</u> r <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Cuy Cip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is

		1 AUG	
If Changing Registered Agent, <u>Signature of New</u>	Registéree	1 Aldent	[***#
Page 1 of 3	·	сг Х	F . /
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If aniending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address OGOG Sin mer hopeze Dr Apt-	<u>Type of Action</u>
VP_	Donnie Coliny	Address OGQU Summerbreeze Dr. Api- Sunrix FL 33322	Add
			Remove
		- <u></u>	Change
<u>_</u> _			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 08/18/2017			
ALA.		DA LIEZ	•••••
Rachel Vixamark	244 5 244 5 723 7 4 723 7 4 723 7 4	1624	parer .
Typed or printed name of signee	······································	°₩ 2: 4	
Page 3 of 3	-		

Page 3 of 3

Filing Fee: \$25.00