

L/2000136 358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

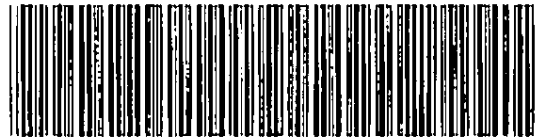
(Document Number)

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

Special Instructions to Filing Officer:

Rachel Vixamark  
Auth All corrections

Office Use Only



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10/10/10 10:10:10 10:10:10 ••108.75

2020 JUN 29 PM 3:16

FILED

Amend  
Name chg

JUN 1 10 2020

LABRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

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

Assertive Financial Services

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 Services, LLC

Firm/Company

5410 N. State Rd 7 Suite 217

NORTH LAUDERDALE FL 33068

City/State and Zip Code

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 )

Area Code

214-1134 / 310-

Daytime Telephone Number

774-6956

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

x Previous Check  
x Mailed *11/11/12*  
Made Copies Supervisor  
Please file correctly

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 10/25/2012 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:

Assertive Financial Services, 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:

5440 North State Rd 7 Suite 217

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale FL 33319

Enter new mailing address, if applicable:

11555 Heron Bay Suite 200

(Mailing address MAY BE A POST OFFICE BOX)

Coral Springs FL 33076

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

City

Florida

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

AMBR = Authorized Member

[illegible]

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

Internal Department added Managing Member I am not sure why it was ask for me to change this

I am the sole member entity of department this is consider to be fraudulent. I have been experiencing account

take over and need this to remain as it always been President Sole owner of the company. No one else has

authority to change anything or is part of my business please ensure that the articles remain the same and

no change ARE MADE FROM 2012 I HAVE BEEN SOLE MEMBER AND OWNER PREZ

5440 NORTH STATE RD 7 SUITE 217 IS THE ADDRESS THAT THE PHYSICAL ADDRESS IS AT PLEASE

LEAVE IT AS IS AND MAIL DOCUMENTS TO 11555 HERON BAY SUITE 200 CORAL SPRINGS

FL 33076

**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

03/29/2020 . 5/29/2020

Resent Riller

Single-member

-Sole member

*[Signature]*  
Signature of a member or authorized representative of a member

Rachel Vivamanc

Typed or printed name of signee

*[Signature]* 6/20/2020

Filing Fee: \$25.00

Clear/Reset

WELLS  
FARGO

## Acknowledgment by Individual

State of Florida

County of Palm Beach

The foregoing instrument was acknowledged before me this 20th day  
of June, 2020, by means of ☒ physical presence or ☐ online notarization

Rachel Vixamar (name of person acknowledging).

☐ Personally known to me

☒ Produced Identification

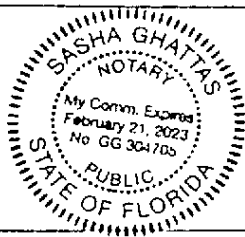
Type of Identification Produced Florida Driver License

Notary signature [Signature]

Notary name (typed or printed) Sasha Ghattas

Title (e.g., Notary Public) Notary Public

Place Seal Here



For Bank Purposes Only Description  
of Attached Document

Type or Title of Document Articles of Amendment to Articles of Organization of

Document Date

06/20/2020

Number of Pages

4 including this page

Signer(s) Other Than Named Above

N/A

Account Number (if applicable)

N/A



F001-000DSG5350FL