## L1200)140516

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DIVISION OF THE STATE

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## **COVER LETTER**

	istration Section Section of Corp					
eub iezer	SANSONE I	FINANCIAL, LLC				
SUBJECT:Name of Limited Liability Company						
The enclosed	l Anicles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		JOHN S. BOHATCH, ESC	Q.			
			Name of Person	<del></del>		
		GUTTENMACHER, BOF	IATCH & PENARANDA, P.A.			
			Firm/Company			
		7301 SW 57th Court, Suite	: 560			
			Address			
		South Miami, FL 33143				
			City/State and Zip Code			
		JBohatch@gbptaxlaw.com	to be used for future annual report notif	Footlan)		
For further in	nformation cor	ncerning this matter, please ca	·	пеаноп)		
JOHN S. BOHATCH, ESQ. 305 666-1040						
	Name of I	Person		e Telephone Number		
Enclosed is a	check for the	following amount:				
\$25.00 F	iling 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**

SANSONE FINANCIAL, LLC

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	- `
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000140516</u> .	were filed on November 6, 2012 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	l
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	lity Company." the designation "LLC" or the abbrevigion	Tic."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	123 [
Enter new mailing address, if applicable:		- 100
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ie of the new

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BONNIE J. SANSONE	590 Goolsby Boulevard	■ Add
		Deerfield Beach, FL 33442	□ Remove
			□ Change
MGR	NICHOLAS J. SANSONE, II	590 Goolsby Boulevard	
		Deerfield Beach, Fl. 33442	□ Remove
			☐ Change
MGR	SCOTT J. SANSONE	590 Goolsby Boulevard	■ Add
		Deerfield Beach, FL 33442	☐ Remove
MGR	MARY-JO R. SPRENGER	590 Goolsby Boulevard	Change Change
		Deerfield Beach, FL 33442	Remere IT
			Changes
<del></del>			DAdd
			□ Remove
			Change
			□ Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	the earlier of:
Dated Cctober 10. 2017.	
Signature of a member or authorized representative of a member	
DAVID R. SANSONE  Typed or printed name of signee	

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Filing Fee: \$25.00