

L13000038886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

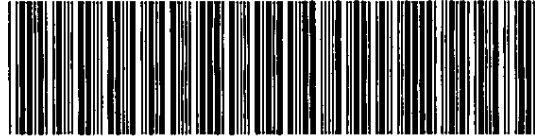
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Effective Date Feb 15, 2015

FILED
15 FEB 13 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Burch FEB 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Placement Firm
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:

Hene Hris
Name of Person

The Placement Firm
Firm/Company

801 West Bay Drive
Address

TARGO Florida 33720
City/State and Zip Code

MARYANNE@placementfirm.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Gw. Hris at (727) 683-7410
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

already paid 35.00 you received per page



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2014

GENE GROSS
801 WEST BAY DRIVE
LARGO, FL 33770

SUBJECT: THE PLACEMENT FIRM LLC
Ref. Number: L13000038886

We have received your document for THE PLACEMENT FIRM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrtong type of form, proper forms are enclosed.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 114A00027435



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2015

GENE GROSS
801 W BAY DR
STE 400
LARGO, FL 33770

SUBJECT: THE PLACEMENT FIRM LLC
Ref. Number: L13000038886

We have received your document for THE PLACEMENT FIRM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 615A00001321

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

thd Placement Firm 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 3/14/2013 and assigned
Florida document number L13000038886

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: Effective Date Feb 15, 2015

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

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:

N/A

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	SARA MAGNESS	801 W. Bay Dr. Ste. 400	<input type="checkbox"/> Add
		Yarq, FLA. 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 15 FEB 13
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 TALLAHASSEE, FLORIDA

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: 2/15/2015 (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

2/15/2015

Signature of a member or authorized representative of a member

Gene Gross

Typed or printed name of signee

15 FEB 13 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED