

L13000066862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

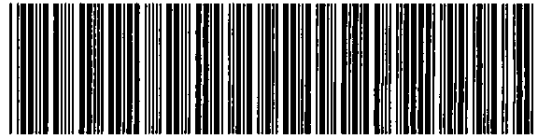
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600300120946

06/21/17--01027--003 **55.00

FILED
17 JUL -5 PM 3:07
DIVISION OF CORPORATIONS

O. SIMMONS

JUL 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2017

JESSICA CERBINKA
16353 NW 130TH ST
WILLISTON, FL 32696

SUBJECT: RELIANT RETIREMENT, LLC
Ref. Number: L13000066862

We have received your document for RELIANT RETIREMENT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00012813

RECEIVED
2017 JUL -5 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Reliant Retirement

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:

Jessica Cervinka

Name of Person

Reliant Retirement

Firm/Company

16353 NW 130th St

Address

Williston FL 32696

City/State and Zip Code

Rac. Jessica@Hotmail.Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Cervinka

Name of Person

at

727

Area Code

5059594

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Reliant Retirement 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 2/17 and assigned
Florida document number 113000044802

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Change name to Safegrowth Financial 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

, 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 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

Title	Name	Address	Type of Action
AMBR	Joseph Cervinka	16353 NW 130th St Williston FL 32696	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Alexander Cervinka	16353 NW 130th St Williston FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
AMBR	Kristian Cervinka	16353 NW 130th St Williston FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED
17 JUL -5 PM 3:08
DIVISION OF CONSPIRACIES

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

17 JUL -5 PM 3:06
DIVISION OF CORPORATIONS

FILED

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.

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

Dated

6/16/17

~~Signature of a member or authorized representative of a member~~

Jessica Cervinka

Typed or printed name of signee