

U150000 04765

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTECITO GROUP LLC
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:

YONA MUNRO
Name of Person

Firm/Company

8341 DAMES POINT CROSSING BLVD. N.
Address

JACKSONVILLE, FL 32277
City/State and Zip Code

YONA 2000 @ HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YONA MUNRO at (904) 704-7064
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

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

MONTECITO GROUP 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 12/29/2014 and assigned Florida document number L15 000 00 4765

This amendment is submitted to amend the following:

[SEE NOTE D.]

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

JAVELIN FINANCIAL ADVISORS 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)

10151 DEERWOOD PARK BLVD.
BUILDING 200, SUITE 250
JACKSONVILLE, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 551297
JACKSONVILLE, FL 32255-1297

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:

YONA MUNRO

New Registered Office Address:

8341 DAMES POINT CROSSING BLVD. N.

Enter Florida street address

JACKSONVILLE, Florida

City

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.

Yona Munro

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>MUNRO, YONA</u>	<u>308 SAND AIRE HOUSE</u>	<input type="checkbox"/> Add
		<u>KENDAL, UK</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MUNRO, YONA</u>	<u>8341 DAMES POINT CROSSING BLVD. W.</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32277</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MUNRO, COLIN</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>8341 DAMES POINT CROSSING BLVD. W.</u>	<input checked="" type="checkbox"/> Change
		<u>JACKSONVILLE, FL 32277</u>	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WE OWN BOTH

JAVELIN FINANCIAL GROUP LLC, AND
JAVELIN FINANCIAL ADVISORS LLC

PLEASE THEREFORE ALLOW BOTH NAMES
TO COEXIST.

FILED
15 JUN 10 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 JUNE 9, 2015.

Yona Munro

Signature of a member or authorized representative of a member

YONA MUNRO

Typed or printed name of signee