on of Corp ratio Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : 120010000146 Phone

: (407)571-3900

Fax Number

: (407)571-4390

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 1

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E & K FINANCIAL, LLC

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Electronic Filing Menu

Corporate Filing Menu

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11/16/2015

COVER LETTER

10 :	Regis Divis	tration Sec ion of Corp	ction Perations		
SUBJEC	or. I	& K FINA	NCIAL, LLC		
	C11 _		Name of Lin	nited Liability Company	
The encl	losed #	Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please re	eturn a	il correspon	dence concerning this matter	to the following:	
			Lori Ann Linn		
				Name of Person	
			Haddook Professional Ass	ociation	
				Firm/Company	
			3300 University Blvd., Su	ite 218	
				Address	——————————————————————————————————————
			Winter Pack, Florida 3279	72	
				City/State and Zip Code	
			loril@fullsail.com		
			_	to be used for future annual report no	Hification)
For furth	er info	rmation co	ncerning this matter, please c	all;	
Lori Anz	a Lina			407 571-3908	
<u></u>		Name of	Person	Area Code Dayti	me Telephone Number
Enclosed	is a c	neck for the	following amount:		
≅ \$25.0	00 Fili	ng F oc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is unclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, 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

	E&KFINA	NCIAL, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our record lability Company)	27)			
The Articles of Organization for this Limited Li. Florida document number L15000072317	 •	were filed on April 24, 2015	a	nd assigned	i	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company bere:				
The new name must be distinguishable and contain the w	ords HT imited T lab.	ity Commony "the designation "I I C	12 oe the phhasia	Hon "I I C"		
		3300 University Blvd.	Of the Robbestie	Real Labor.		
	v principal offices address, it applicable:					
(Principal office address MUST BE A STREET ADDRESS)		Winter Park, Florida 32792				
					_	
Enter new mailing address, if applicable:	•	3300 University Blvd.				
(Mailing address MAY BE A POST OFFICE BOX)		Suite 218				
,	<u></u> <u></u>	Winter Park, Florida 32792				
B. If amending the registered agent and/or the new registered agent and/or the new registered of			, <u>enter the l</u>	name for the	MOV	Y
Name of New Registered Agent:	Haddock Profe	ssional Association		SS	6	51.00 E
New Registered Office Address:	New Registered Office Address: 3300 University Blvd., Suite 218					
	Winter Park	Enter Florida street addres			9 2	Sec.
	At HILES LAND	, Fk	orida <u>32792</u> Z4	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

Page 1 of 3

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 SunGate Capital, LLC 3300 University Blvd. B Add Suite 218 _□ Remove Winter Park, Florida 32792 Change bbA 🗆 □ Remove Change _□ Add Remove _□ Change □ Add D Remove D Change aguido □. ☐ Remove

Page 2 of 3

☐ Change

		
		
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Effective date, if	other than the date of filing: the date of filing or mor	(optional)
<u>Notes</u> If the date i	nserted in this block does not meet the applicable statutory filing to date on the Department of State's records.	requirements, this date will not be listed as the
	·	
ne record speci The 90th day	fies a delayed effective date, but not an effective tin after the record is filed.	ne, at 12:01 a.m. on the earlier of:
	11 11	
Dated	11-11-15.	
	With white	
	Signature of a member or authorized representative of	i member

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Filing Fee: \$25.00