

LI 5000135486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

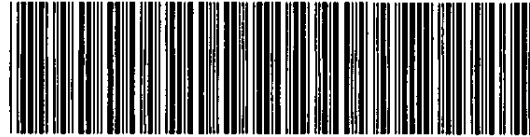
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/15--01005--026 **30.00

FILED

2015 AUG 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 19 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AZIAL FAMILY ADVISORS, 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:

REY DORTA, ESQ.

Name of Person

DORTA & ORTEGA, P.A.

Firm/Company

3860 SW 8TH STREET, PH

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

REY DORTA, ESQ.

Name of Person

at (305)

Area Code

461-5454

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



Thursday, August 13, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314-6327

RE: Name Change and Addition of Members

To Whom It May Concern:

If you require additional information, you may reach me at 305-461-5454 or at the below referenced address.

Sincerely,

Rey Dorta

RD/mvm



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 AUG 26 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 19, 2015

REY DORTA
DORTA & ORTEGA
3860 SW 8TH STREET
MIAMI, FL 33134

RECEIVED
AUG 24 2015 9

Dorta & Ortega, P.A.

SUBJECT: AZIAL FAMILY ADVISORS, LLC
Ref. Number: L15000135486

We have received your document for AZIAL FAMILY ADVISORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 115A00017520

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

FILED
2015 AUG 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AZIAL FAMILY ADVISORS, 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 AUGUST 7, 2015 and assigned Florida document number L15000135486.

This amendment is submitted to amend the following:

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

AXIAL FAMILY 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)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	OGHC MANAGEMENT, LLC	999 PONCE DE LEON BLVD.	<input checked="" type="checkbox"/> Add
		#650	<input type="checkbox"/> Remove
		CORAL GABLES, FL. 33134	<input type="checkbox"/> Change
AMBR	THE PHILLIMORE GROUP, LLC	401 E LAS OLAS BLVD. #1400	<input checked="" type="checkbox"/> Add
		C/O FEINGOLD LAW...	<input type="checkbox"/> Remove
		FT. LAUDERDALE, FL. 33301	<input type="checkbox"/> Change
AMBR	THE DYNASTY FINANCIAL...	3340 PEACHTREE RD NE	<input checked="" type="checkbox"/> Add
		#1800	<input type="checkbox"/> Remove
		ATLANTA, GA. 30326	<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
			<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.)

THE COMPLETE ADDRESS FOR THE PHILLIMORE GROUP, LLC IS AS FOLLOWS:

401 E LAS OLAS BLVD. #1400

C/O FEINGOLD LAW AND CONSULTING, P.A.

FT. LAUDERDALE, FLORIDA 33301

THE COMPLETE NAME FOR THE 3RD AMBR IS: THE DYNASTY FINANCIAL GROUP, LLC

FILED
2015 AUG 26 AM 11:00
STATE OF FLORIDA
TALLAHASSEE

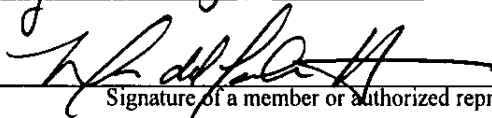
E. Effective date, if other than the date of filing: _____ (optional)

(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 24th day of Aug. 2015.



Signature of a member or authorized representative of a member

Maria Del Cervo-Henry

Typed or printed name of signee