

**L15000155186**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H15000234425 3)))



H150002344253ABC-

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To: Division of Corporations  
Fax Number : (850)617-6383

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Phone : (323)962-8600  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FEDERATED DISTRIBUTORS LLC**

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2015 OCT -9 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT -9 PM 1:40

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FEDERATED DISTRIBUTORS 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:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

100 W. Broadway Suite 100

\_\_\_\_\_  
Address

Glendale, CA 91210

\_\_\_\_\_  
City/State and Zip Code

dcspvs@yahoo.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323 962-8600 ext 7950  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 &  
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(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

850-617-6381

10/1/2015 10:14:52 AM PAGE 1/001 Fax Server



October 1, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALZOOM

SUBJECT: FEDERATED DISTRIBUTORS LLC  
REF: L15000155186

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the document number. Are you changing the mailing address?

Address is Currently "15 Burundy A", changing it to "15 Burgundy A" (adding a G to the street)

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

FAX Aud. #: H15000234425  
Letter Number: 515A00020730

P.O BOX 6327 - Tallahassee, Florida 32314

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

**2015 OCT -9 AM 8:59**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FEDERATED DISTRIBUTORS 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 09/11/2015 and assigned Florida document number L15000155186.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

15 Burgundy A

Delray Beach, Florida 33484

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

15 Burgundy A

Delray Beach, Florida 33484

**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

City

Florida

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>
AMBR	Dennis Siegel	15 Burundy A	<input type="checkbox"/> Add
		Delray Beach, Florida 33484	<input checked="" type="checkbox"/> Remove
AMBR	Dennis Siegel	15 Burgundy A	<input checked="" type="checkbox"/> Add
		Delray Beach, Florida 33484	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 SEPTEMBER 26, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DENNIS SIEGEL

\_\_\_\_\_  
Typed or printed name of signer

FILED  
2015 OCT -9 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA