

5/8/2020

Kim Tadlock 8004323622

(02/06) 05/08/2020 05:42:13 PM

Division of Corporations

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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PENNSYLVANIA LIBERTY ASSET GROUP LLC**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

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Y. SULKER

MAY 11 2020

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAY -8 AM 9:02

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2020 MAY -8 AM 8:06

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PENNSYLVANIA LIBERTY ASSET 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:

Name of Person  
CAPITOL SERVICES - CORPORATE FILINGS TEAM  
Firm/Company  
515 EAST PARK AVENUE 2ND FL  
Address  
TALLAHASSEE, FL 32301  
City/State and Zip Code  
regagent@capitol-services.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (855) 498-5500  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

PENNSYLVANIA LIBERTY ASSET 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 11/23/2016 and assigned Florida document number L16000213577.

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 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)**

C/O MIRSKY AND ASSOCIATES, PLLC

10 CUPSAW COURT

NANUET, NY 10954

Enter new mailing address, if applicable:

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

C/O MIRSKY AND ASSOCIATES, PLLC

10 CUPSAW COURT

NANUET, NY 10954

**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:**

CAPITOL CORPORATE SERVICES, INC.

**New Registered Office Address:**

515 EAST PARK AVENUE 2ND FL

Enter Florida street address

TALLAHASSEE

Florida 32301

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.*



Krista Abair, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	ELLIS R. MIRSKY	10 CUPSAW COURT	<input type="checkbox"/> Add
		NANUET, NY 10954	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LAWRENCE RAXENBERG	380 NORTH BROADWAY	<input checked="" type="checkbox"/> Add
		SUITE 308	<input type="checkbox"/> Remove
		JERICO, NY 11753	<input type="checkbox"/> Change
MGR	PHILIP ROSEN	1500 WALNUT STREET	<input checked="" type="checkbox"/> Add
		SUTTE 805	<input type="checkbox"/> Remove
		PHILADELPHIA, PA 19102	<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

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

[illegible]

(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.

Dated MAY 8, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

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