

L17000041335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

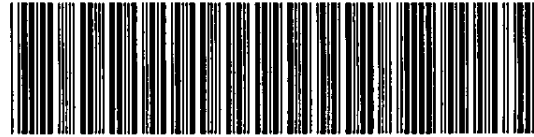
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 14 2017



Bronchick & Associates

Attorneys and Counselors at Law

3033 S. Parker Road Suite 360
Aurora, Colorado 80014
Tel 303-398-7032 | Fax 303-671-0516

March 9, 2017

Florida Department of State
Registration Section, Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


RE: JOHN SNEEP ROTH IRA, LLC
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Dear Clerk:

Enclosed please find Articles of Amendment prepared to add and remove Manager of the LLC. Please file this amendment and return a file/stamped copy to our office or email @denise@bronchick.com. I have also enclosed our check in the amount of \$25.00 for filing fee.

Thank you in advance for your prompt assistance with this matter.

BRONCHICK & ASSOCIATES P.C.


Denise
Manager

Enclosures as stated.
/do

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOHN SNEEP ROTH IRA, 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:

WILLIAM BRONCHICK

Name of Person

BRONCHICK & ASSOCIATES, P.C.

Firm/Company

3033 SOUTH PARKER ROAD, SUITE 360

Address

AURORA, COLORADO 80014

City/State and Zip Code

BILL@BRONCHICK.COM

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

For further information concerning this matter, please call:

DENISE ORTIZ

Name of Person

720 439-9166
at ()

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

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FLORIDA

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

JOHN SNEEP ROTH IRA, 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 2-23-2017 and assigned
Florida document number L17000041335.

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)

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

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 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	JOHN SNEEP	9260 DUNDEE DRIVE	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
 MAY 13 2017
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2017 MAR 13 P 4:13
SECURITY OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
2017 MAR 13 P 4:13
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 _____, _____


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

WILLIAM BRONCHICH, ORGANIZER

Typed or printed name of signee