

L17000095702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

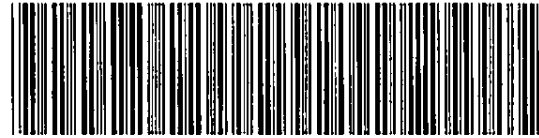
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000303808020

09/25/17--01010--020 **25.00

FILED
17 SEP 25 AM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 2017

J CRIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BANC SALES OF CORAL SPRINGS, 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:

Jonathan Irving

Name of Person

IRVING LAW, PA.

Firm/Company

4301 S. FLAMINGO RD., SUITE # 106

Address

Davie, FL 33330

City/State and Zip Code

irvinglawpa@gmail.com

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

For further information concerning this matter, please call:

Jonathan Irving

954 270-6983
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 &
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

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

BANC SALES OF CORAL SPRINGS, 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 05/01/2017 and assigned
Florida document number L17000095702.

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:

4301 S. Flamingo Rd., Suite 106

(Principal office address MUST BE A STREET ADDRESS)

Davie, FL 33330

Enter new mailing address, if applicable:

4301 S. Flamingo Rd., Suite 106

(Mailing address MAY BE A POST OFFICE BOX)

Davie, FL 33330

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

FILED
17 SEP 25 AM 7:27
SECRETARY OF STATE
ALLAHABAD, FLORIDA

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>
MGRM	BANC SALES, LLC	4301 S. Flamingo Rd.	<input type="checkbox"/> Add
		Suite 106-147	<input checked="" type="checkbox"/> Remove
		Davie, FL 33330	<input type="checkbox"/> Change
MGR	DAVID KATZ	4301 S. Flamingo Rd.	<input type="checkbox"/> Add
		Suite 106-147	<input checked="" type="checkbox"/> Remove
		Davie, FL 33330	<input type="checkbox"/> Change
MGRM	JONATHAN IRVING	4301 S. Flamingo Rd.	<input checked="" type="checkbox"/> Add
		Suite 106	<input type="checkbox"/> Remove
		Davie, FL 33330	<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 SEP 25 AM 7:38
SECRETARY OF STATE
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 09/21, 2017

Signature of a member or authorized representative of a member

DAVID KATZ

Typed or printed name of signee