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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	FTF Brokerage, LLC					
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing			
		ndence concerning this matter	_			
	·	Jessica Whitcher				
		Barclay Group	Name of Person	_		
		2800 Curlew Rd, Suite 1	Firm/Company	<u> </u>		
		Palm Harbor, FL 34683	Address	ÄLL	2018 SEP	-N-
		jwhitcher@barclaygroup.			10 - 6 - 10 - 10 - 10 - 10 - 10 - 10 - 1	900000
For further in	nformation co	E-mail address: (oncerning this matter, please of	to be used for future annual report notificall:	ration)	1.0 E	U
Jessica Wh	itcher		727 733-7585		5.75	
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	244114	NO ADDRESS.	STDSPT/CORDIS	D A DADPEG		

MAILING ADDRESS:

TO:

Registration Section

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**

FTF brokerage, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lii	ompany as it now appears of nited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on 05/01	1/18 and assigned	
Florida document number L18000109204		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:	:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		20	
Principal office address MUST BE A STREET ADDRES	<u></u>	- E 5 T	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		95 5 km	
			
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent:	ed office address on ou s here:	ur records, enter the name of the	
New Registered Office Address:			
New registered Office Address.	Enter Florida street address		
	Enter Ptortua		
	City	, Florida	

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, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Matthew Sheehan	3709 Foster Hill Dr N, St. Petersburg, FL 33704	
			Add
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			☐ Change
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		<u></u>	_
(If an eft <u>Note:</u>	ve date, if other than the date of filing:	tional) er filing.) Pursuant to G nis date will not be I	605.0207 isted as
he red The	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the ear	rlier o
Dated	August 24 2018		
	Simply of a number of outlessing the state of a such as		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00