

L19000009409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

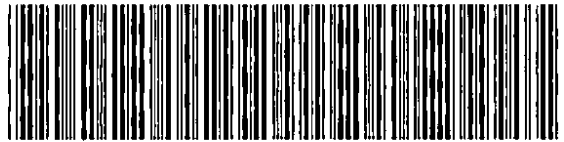
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 JAN -9 PM 18:58

FILED

2019 JAN -9 P 9:11

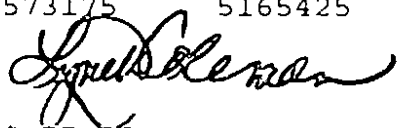
RECEIVED
FALL ARIZONA COUNTY
TALLAHASSEE, FL 32304

1/16/19 CS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 573175 5165425

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : January 8, 2019

ORDER TIME : 5:33 PM

ORDER NO. : 573175-005

CUSTOMER NO: 5165425

FILED
2019 JAN - 9 PM 9:11
TALLAHASSEE, FL 32301

DOMESTIC AMENDMENT FILING

NAME: DC STIFEL, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

RESUBMIT

Please give original
submission date as file date.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2019

CSC

SUBJECT: DC STIFEL, LLC
Ref. Number: W19000002829

We have received your document for DC STIFEL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name of company isn't appearing on sunbiz.org.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 219A00000722

19 JAN 15 PM 1:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

DC STIFEL, 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 JANUARY 8, 2019 and assigned
Florida document number 2190009109.

This amendment is submitted to amend the following:

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

DC STFinancial, LLC

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

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

209 JAN - 9 P
TALLAHASSEE C.F.

FILED
2009 JAN -9 PM 9:11
FBI - ALBANY

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 January 8 2019

BEATRICE T. WILLIAMS, SECRETARY

Page 3 of 3

Filing Fee: \$25.00