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

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 8, 2019

ORDER TIME : 5:33 PM

ORDER NO. : 573175-005

CUSTOMER NO: 5165425

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
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

TITI

Please give original submission date as file date.



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 of 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 PH 1: 54

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DC STIFEL, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on JANUARY 8, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
DC STFinancial, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		N19
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		田 (3) (3)
		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the nev
Name of New Registered Agent:		. <u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	,
	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

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 Membe	!

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			
			□ Remove
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January 8, 2019 Effective date, if other than the date of filing: (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The 90th day after the record is filed. Dated January 8 2019 January 8 2019 January 8 2019 Signature of a member or authorized representative of a member BEATRICE T. WILLIAMS, SECRETARY				
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