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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 OCT 24 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SUKVER

10/21/2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sully Financial 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:

Brian Bridge
Name of Person

Sully Financial LLC
Firm/Company

1566 Thumbpoint Drive
Address

Fort Pierce FL 34949
City/State and Zip Code

brian.215.760.7600@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Bridge at (215) 760 7600
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$40.00 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**

Sully Financial 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 10/01/19 and assigned Florida document number L19000246993

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)

Please correct address Principal

2155 NW Federal HWY
Stuart FL 34994

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1566 Thumbpoint Drive
Fort Pierce FL 34949

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:

2155 NW Federal HWY
Stuart, Florida 34994
Enter Florida street address
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 Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- Please amend Principal Address only. Correct address is:
2155 NW Federal HWY Stuart
FL 34994. The address 1566
Thumbpoint Drive Fort Pierce FL 34949
is mailing address and agent
address only. Input error when
completing application. Thank You

E. Effective date, if other than the date of filing: _____ (optional)

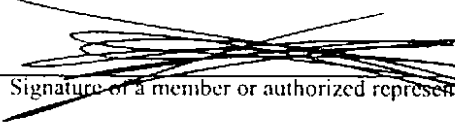
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/22 . 2019 .


Signature of a member or authorized representative of a member

Brian, Bode P
Typed or printed name of signee