

L22000055222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

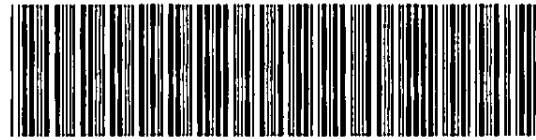
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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05/05/23--01018--004 **30.00

01/23/23--01009--020 **35.00

2023 JUN -5 AM 7:27
FILE

cf 6/13/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sullivan Advisory Services 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:

Joseph D Pupil

Name of Person

Reckoning Capital LLC

Firm/Company

707 E Cervantes St B-108

Address

Pensacola, FL 32501

City/State and Zip Code

jpupil@thedrivers.com

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

For further information concerning this matter, please call:

Joseph Pupil

612
at ()

804-9902

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Claretha Golden
Regulatory Specialist II
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Letter 023A00006782

Dear Claretha,

Please find attached the proper form for amending the name of the LLC, along with a check for \$30. I appreciate your help in processing this and apologize for sending the incorrect form.

If you have any questions, please contact me at 612.804.9902

A handwritten signature in black ink, appearing to read "JP CPA".

Joseph D Pupel



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2023

JOSEPH PUPEL
707 E CERVANTES STREET B-108
PENSACOLA, FL 32501

SUBJECT: SULLIVAN ADVISORY SERVICES LLC
Ref. Number: L22000055222

We have received your document for SULLIVAN ADVISORY SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

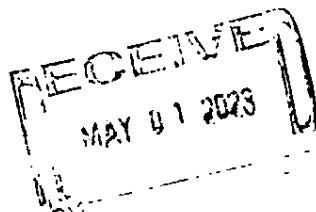
The form you submitted is for a Corporation, but your entity is a Limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 023A00006782



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

Sullivan Advisory Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JUN -5 AM 7:27

The Articles of Organization for this Limited Liability Company were filed on 02/01/2022 and assigned
Florida document number L22000055222.

This amendment is submitted to amend the following:

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

Reckoning Capital 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)

Not Applicable

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Not Applicable

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:

Not Applicable

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

N/A

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

April 21, 2023

Signature of a member or authorized representative of a member

Joseph D. Pupe

Typed or printed name of signee