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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/24/21/23-

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	risory Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Second Advisory Services LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Matthew Jerome		
		Name of Person	
	Jerome Advisory Services	LLC	
		Firm/Company	
	3665 EAST BAY DR. #20	4-218	
		Address	
	LARGO, FL 33771		
		City/State and Zip Code	
	_		otification)
For further information c			
MATTHEW JEROME			
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			Section
Division of C	Corporations	Division of C The Centre of	orporations
P.O. Box 632 Tallahassee, 1			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEROME ADVISORY SERVICES LLC		2022 CCT 27 71110: 48
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000442606</u>	ompany were filed on 10/13/2022	and assigned
If amending name, enter the new name of the limited liability company here: enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: **rincipal office address MUST BE A STREET ADDRESS**) Inter new mailing address, if applicable: **Idailing address MAY BE A POST OFFICE BOX**) If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floi	rida 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager .AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JESS JEROME	3665 EST BAY DR.	
		LARGO, FL 33771	■Remove
			□Change
mGR	EMMALYN JEROME	3665 EAST BAY DR.	
		LARGO, FL 33771	Remove
			□Change
AMBR	MATTHEW JEROME	3665 EAST BAY DR.	AY DR. ■Add
		LARGO. FL 33771	□ Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			Change
			
			□Remove
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an effective date is listed, the listed of the listed of the listed inserted the listed inserted the listed inserted the listed in the listed	than the date of filing: he date must be specific and co d in this block does not me e on the Department of Sta	annot be prior to date of et the applicable star	f filing or more than 90 d tutory filing requireme	_ (optional) ays after filing.) Pursuant to nts, this date will not be	o 605.0207 c listed as
record specifies a delayon is filed.	ed effective date, but not a	n effective time, at 1	2:01 a.m. on the earlie	er of: (b) The 90th day	after the
OCTOBER 27TH	_//	2022			
		·			
	Signature of a me	mber or authorized re	presentative of a member		_

10/24/2022

Re: Management Changes

To whom it my concern:

Matthew Jerome has my full permission to make any and all management changes to Jerome Advisory Services LLC. Matthew Jerome is the owner and Manager for the company and should be listed as such. The original papers were listed incorrectly.

Sincerely,

Emmalyn Jerome

ACKNOWLEDGEMENT CERTIFICATE

State of Ohio, County of Franklin

The foregoing instrument was acknowledged before me on this 10/26/2022 (date) by Emmalyn Jerome (name of person acknowledging).

(Notary Seal)



EILEEN McNEIL Notary Public, State of Ohio My Commission Expires November 28, 2023

Signature of Notary Public - State of Ohio

My commission expires: 11/28/2023

(date)