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APPROVED AND FILED

JUL 22 2024 K. Brumblet

### **COVER LETTER**

	Registration Sec Division of Corp		· · · · · · · · · · · · · · · · · · ·	
SUBJEC"	Siena Finan	cial Group, LLC	·, •	•
SUBJEC	·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
Please reti	um all correspon	dence concerning this matter	to the following:	
		Scott Demby		
			Name of Person	
		Siena Financial Group, LI	.C	
			Firm/Company	
		1020 Siena Park Blyd W #	7202	
			Address	
		Celebration, FL 34747		
		Dembysr@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furthe	r information co	ncerning this matter, please co	aH:	
Scott Der	nby		689 610-5566 at ()	
	Name of	Person		e Telephone Number
Enclosed i	s a check for the	e following amount:		
<b>S</b> 25.00	0 Filing Fee	☐ \$30.00 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)
•	Initing Addison		6	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siena Financial Group, 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  $\frac{.06/26/2023}{...}$ and assigned Florida document number <u>1.23000305327</u> This amendment is submitted to amend the following: A.) If amending name, enter the new name of the limited liability company here: Scott Demby LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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

### 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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			□Remove
			□Change
			□Remove
			□Change

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). If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if	(necessary.)
		•
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. Effective date, if other than to the an effective date is listed, the date is <u>Note</u> : If the date inserted in this document's effective date on the	he date of filing:	optional) s after filing.) Pursuant to 605.0207 (3 s, this date will not be listed as the
the record specifies a delay ) The 90th day after the r	ved effective date, but not an effective time, at 12: ecord is filed.	01 a.m. on the earlier of:
Dated July 01	2024	
	<del></del>	
	Signature of a member or authorized representative of a member	
Scott Demby		
	Typed or printed name of signee	

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