

MO6000002921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/16--01010--004 **25.00

FILED
JAN 17 P 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JAN 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2016

ROBERT SIMENSKY
5 INTERNATIONAL DRIVE, SUITE 118
RYE BROOK, NY 10573

SUBJECT: CONVERGENT CAPITAL LLC
Ref. Number: M06000002921

We have received your document for CONVERGENT CAPITAL 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00026004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plymouth Capital Management & Advisors

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Simensky

Name of Person

Plymouth Capital Management & Advisors LLC

Firm/Company

5 International Drive, Suite 118

Address

Rye Brook, NY 10573

City/State and Zip Code

simensky@plymouthcma.com

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

For further information concerning this matter, please call:

Robert Simensky

Name of Person

at (914) 481-5557

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Convergent Capital LLC

Enter new principal office address, if applicable: 5 International Drive

(Principal office address

MUST BE A STREET ADDRESS)

Suite 118

Rye Brook, NY 10573

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

5 International Drive

Suite 118

Rye Brook, NY 10573

2. The Florida document number of this limited liability company is: M06000002921

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: Dec 1, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Plymouth Capital Management & Advisors LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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

SECRETARY OF STATE
FLORIDA

017 PM 1 P 9:08

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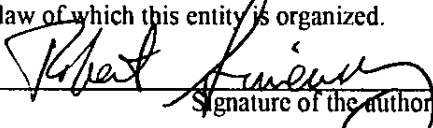
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Robert Simensky

Typed or printed name of signee

Filing Fee: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

JAN 17 P 2:08

FILED

CT-07

12 0817 0001068

New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

**CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF**

Convergent Capital LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

Convergent Capital LLC

If the name of the limited liability company has been changed, the name under which it was organized is:

SECOND: The date of filing of the articles of organization is: April 10, 2002

THIRD: The amendment effected by this certificate of amendment is as follows: (Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the limited liability company would read as follows: Paragraph *First* of the Articles of Organization relating to *the limited liability company name* is hereby amended to read as follows: *First: The name of the limited liability company is ... (new name) ...*)

Paragraph First of the Articles of Organization relating to
the limited liability company name

is hereby amended to read as follows:

First: The name of the limited liability company is Plymouth Capital Management & Advisors LLC

CT-07

12 0817 00068

X Robert Simensky
(Signature)
Robert Simensky
(Type or print name)

Capacity of signer (Check appropriate box):

- ☒ Member
☐ Manager
☐ Authorized Person

RECEIVED
2012 AUG 16 PM 4:06

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

Convergent Capital LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

2012 AUG 17 AM 9:48

FILED

Filed by: Robert Simensky
(Name)
258 Route 117 Bypass
(Mailing address)
Bedford Hills, NY 10507
(City, State and Zip code)

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED AUG 17 2012

TAXS

BY: ES

NOTE: This form was prepared by the New York State Department of State for filing a certificate of amendment of a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores. The Department of State recommends that legal documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only.)

DRAWDOWN

Cust Ref # 8534370CC

ES

067

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of
the Department of State, at the City of
Albany, on August 17, 2012.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro
First Deputy Secretary of State