

M13 000007793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

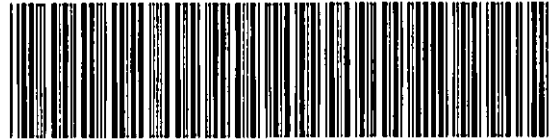
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status

4,000.00

Special Instructions to Filing Officer:

Office Use Only



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2021 JUN 15 AM 8:30

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cc/ccis  
N  
Kenne  
chgs

JUN 16 2021

I ALBRITTON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2021

ED SCICCHITANO  
6685 BETA DRUVE  
MAYFIELD VILLAGE, OH 44143

SUBJECT: SKODA MINOTTI RISK ADVISORY SERVICES, LLC  
Ref. Number: M13000007793

We have received your document for SKODA MINOTTI RISK ADVISORY SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

WE NEED A CERTIFIED COPY OF THE AMENDMENT FILED IN THE HOME STATE TO CHANGE THE ENTITY NAME or A CERTIFICATE EVIDENCING THE NAME CHANGE DATED NO MORE THAN 90 DAYS.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 021A00012527



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2021

ED SCICCHITANO  
6685 BETA DRIVE  
MAYFIELD VILLAGE, OH 44143

SUBJECT: SKODA MINOTTI RISK ADVISORY SERVICES, LLC  
Ref. Number: M13000007793

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Irene Albritton  
Regulatory Specialist II

Letter Number: 421A00010268

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: SKODA MINOTTI RISK ADVISORY SERVICES, LLC

Enter new principal office address, if applicable: 730 3rd Avenue  
11th Floor  
New York, NY 10017  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: \_\_\_\_\_  
*(Mailing address  
MAY BE A POST OFFICE BOX)* 6685 Beta Drive  
Cleveland, OH 44143

2. The Florida document number of this limited liability company is: M13000007793

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 12/09/2013

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

5. New name of the limited liability company: MARCUM RAS 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

FILED  
2021 JUN 15 AM 8:30  
TALLAHASSEE, FLORIDA

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)(c), 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.

Ed Scicchitano  
Signature of the authorized representative

Ed Scicchitano

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

UNITED STATES OF AMERICA.  
STATE OF OHIO,  
OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of June, A.D. 2021.*

Ohio Secretary of State

*Frank LaRose*

Validation Number:  
202116600942



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/29/2020	202002803310	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50 00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY  
DEANNE E. SCHAUSEIL  
50 W. BROAD STREET, SUITE 1330  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
2234145**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**MARCUM RAS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 01/27/2020

Document No(s):

**202002803310**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
29th day of January, A.D. 2020.

*Frank LaRose*  
Ohio Secretary of State

Form 543A Prescribed by:



Toll Free: 877.787.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216
Expedite Filing (Two business day processing time. Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at the path.

Domestic Limited Liability Company Certificate of Amendment or Restatement
Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company
[X] Amendment (129-LAM)
09/27/2013
Date of Formation (MM/DD/YYYY)

(2) Domestic Limited Liability Company
[ ] Restatement (142-LRA)
Date of Formation (MM/DD/YYYY)

The undersigned authorized representative of:

Skoda Minotti Risk Advisory Services, LLC

Name of Limited Liability Company

2234145

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Marcum RAS, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd" or "ltd"

This limited liability company shall exist for a period of:

[ ]
Period of Existence

Purpose

[ ]



By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

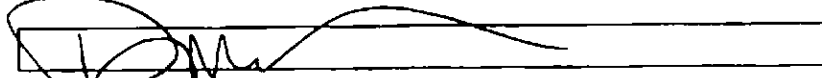
Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Marcum LLP

Signature



By (if applicable)

Peter Scavuzzo

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name