Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2018 NOV -5 PM 12:32

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2018 NOV -5 PM 12:00

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JTC FINANCIAL ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

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11/6/18 OS

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name:	GLASSNER CARLTON FINANCIAL, LLC
Business Id:	0600415870
Certificate Number:	6000092014

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT A NAME CHANGE ON July 2, 2018 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

FILED

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL SEAL AT TRENTON, THIS November 05, 2018 A.D.

ELIZABETH MAHER MUOIO
STATE TREASURER

VERIFY THIS CERTIFICATE ONLINE AT
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

CGN

FILED
JUL 2 2018
STATE TREASURER

L-102 Rev 11/2014

New Jersey Division of Revenue and Enterprise Services
Certificate of Amendment
Limited Liability Company
NJSA 42:2C-19

0600415870

To file electronically:
1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. (See the pages following this form for field by field instructions and notes on software and processing of paper requests.)
2. Click the 'Add Attachments' button to add attachments if required. (Check the field by field instructions to see if your local jurisdiction requires attachments.)
3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
4. Click the 'Open the Central Forms Repository Home Page to start the Form Submission Process' button at the bottom of the form. (This button will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application, you will need to do so before using the online web application. Once your account is created, please login to the application and follow the instructions for submitting your forms and payment online.)

A limited Liability Company on file with the Division of Revenue and Enterprise Services may use this form to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NJSA 42:2C, the Revised Uniform New Jersey Limited Liability Company Act.

Name of Limited Liability Company:
JTC FINANCIAL ASSOCIATES, LLC

1. Business ID Number:
0600415

2. The Certificate of Formation is amended as follows (provide attachments if needed):

1. The Name of the LLC is: GLASSNER CARLTON FINANCIAL, LLC

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42:2C and that they are authorized to sign this form behalf of the Limited Liability Company.

Signature: J M Carlton
Name: JUDD T. CARLTON
Title: Member
Date: 6/28/18

Add Attachments | Open the Central Forms Repository Home Page to Start the Form Submission Process

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

GLASSNER CARLTON FINANCIAL, LLC
0600415870

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 18, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JUDD T. CARLTON
71 HARVEY DR
SHORT HILLS, NJ 07078

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of November, 2018

Elizabeth Maher Muoio
State Treasurer

FILED
2018 NOV -5 P 1:13

Certificate Number : 6092464698

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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: JTC FINANCIAL ASSOCIATES, LLC

Enter new principal office 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) _____

_____

2. The Florida document number of this limited liability company is: M16000009555

3. Jurisdiction of its organization: NEW JERSEY

4. Date authorized to do business in Florida: 11/30/2016

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

5. New name of the limited liability company: GLASSNER CARLTON FINANCIAL 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

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:

_____

Title/ Capacity	Name	Address	Type of Action
____	_____	_____	☐ Add
		_____	☐ Remove
____	_____	_____	☐ Add
		_____	☐ Remove
____	_____	_____	☐ Add
		_____	☐ Remove
____	_____	_____	☐ Add
		_____	☐ Remove
____	_____	_____	☐ Add
		_____	☐ 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

JUDD CARLTON-MEMBER
_____
Typed or printed name of signee

Filing Fee: $25.00

November 2, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JTC FINANCIAL ASSOCIATES, LLC
315 LUPINE WAY
SHORT HILLS, NJ 07078

SUBJECT: JTC FINANCIAL ASSOCIATES, LLC
REF: M16000009555

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000314499
Letter Number: 918A00022663

2018 NOV -5 PM 12:00

P.O BOX 6327 – Tallahassee, Florida 32314