# L06000087745

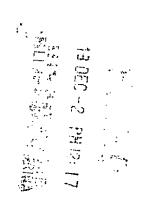
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J. Stilvers DEC 0 3 2013



### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

Association Financial Services, L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Jeffrey Oshinsky

Name of Person

Association Financial Services, L.C.

Firm/Company

4400 Biscayne Boulevard, #550

Address

Miami, FL 33137

City/State and Zip Code

joshinsky@afslc.com

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

For further information concerning this matter, please call:

## Jeffrey Oshinsky

305 677-0022 ext. 806

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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)

#### **MAILING ADDRESS:**

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

#### STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Association Financial Services,			
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on ou a Limited Liability Company)	ir records.)	
·		0.000	
The Articles of Organization for this Limited Liability	Company were filed on Septemb	per 6, 2006	and assigned
Florida document number L06000087745	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
Association Financial Services, LLC			
The new name must be distinguishable and end with the w "L.L.C."	yords "Limited Liability Company," th	e designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
		<u> </u>	<u>ත්</u>
		ેકુન ં કું અઠે સું	030
Enter new mailing address, if applicable:		ф + 12 ф 6н 274 г. 14	
(Mailing address MAY BE A POST OFFICE BOX)		15 H	
		F. 7. 2	77
		<u> </u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on our re Idres <u>s here</u> :	cords, enter the	name of the new
	<del>-</del>		
Name of New Registered Agent:			
New Registered Office Address:		. 1	
	Enter Flo	orida street addres	S
	City	, Florida	Zip Code
	On,	•	

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 608, 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 the Managers or Managing Members on our records, enter the fitle, name, and address of each Manager or Managing Member being added or removed from our records:

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

November 21	2013	
November 21	2013	
1		ve of a member
1	ture of a member or authorized representative	ve of a member

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Filing Fee: \$25.00