

LD7000054543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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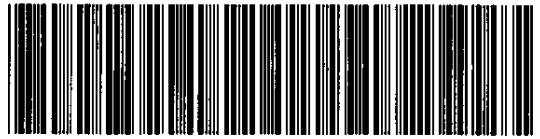
L. SELLERS

JUN - 5 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREATEST FINANCING GROUP, LC
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:

AIXA D. LOPEZ-AVILES
Name of Person

L.L. PROFESSIONAL SERVICES, INC.
Firm/Company

6900 S. ORANGE BLOSSOM TRAIL SUITE 408
Address

ORLANDO, FL 32809
City/State and Zip Code

lprofalopez@gmx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aixa D. Lopez-Aviles at (407) 850-7280
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2009

AIXA D. LOPEZ-AVILES
6900 S. ORANGE BLOSSOM TRAIL, STE. 408
ORLANDO, FL 32809

SUBJECT: GREATEST FINANCING GROUP, LC
Ref. Number: L07000054543

We have received your document for GREATEST FINANCING GROUP, LC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 909A00017876

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GREATEST FINANCING GROUP, LC

(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 05/23/2007 and assigned Florida document number L07000054543.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EQUINOX SOLUTIONS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6900 S. ORANGE BLOSSOM TRL STE 408

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32809

Enter new mailing address, if applicable:

6900 S. ORANGE BLOSSOM TRL STE 408

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32809

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:

AIXA D. LOPEZ-AVILES

New Registered Office Address:

6900 S. ORANGE BLOSSOM TRL STE 408

Enter Florida street address

ORLANDO

Florida

City

32809

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 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.

Aixa D. Lopez-Aviles
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA
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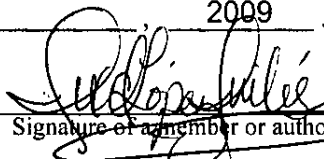
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 06/01 2009


Signature of a member or authorized representative of a member

AIXA D. LOPEZ-AVILES / MGR
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUN -4 AM 9:53

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