# 114000091599

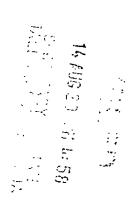
(Requestor's Name)				
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(Document Number)				
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2014

CAMELIA HELMS SERVICES, LLC 1451 OCEAN DR SUITE 200 MIAMI BEACH, 33139

SUBJECT: SUN VALLEY FINANCE CORPORATION, LLC

Ref. Number: L14000091599

We have received your document for SUN VALLEY FINANCE CORPORATION, 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):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return the corrected original and one copy of 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.

Letter Number: 514A00014317

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

### **COVER LETTER**

TO:

Registration Section 'Division of Corporations

# LBF FINANCIAL SERVICES, LLC

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:

## CAMELIA TESSA HELMS

Name of Person

SUN VALLEY FINANCE CORPORATION, LLC

Firm/Company

1451 OCEAN DRIVE, SUITE 200

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

TESSA@IAFT.NET

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

For further information concerning this matter, please call:

## CAMELIA TESSA HELMS

<sub>.,/</sub>305<sub>`</sub>504-2892

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**

LBF FINANCIAL SERVICES, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		~	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000091599</u>	were filed on 06/09/2014	and	assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
SUN VALLEY FINANCE, LLC				
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviatio	n "L.L.C."	
Enter new principal offices address, if applicable:	1451 OCEAN DRIVE SUITE 200			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33139			 
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1451 OCEAN DRIVE SUITE 200 MIAMI BEACH, FL 33139			 
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		r the nar	ne of the	new
New Registered Office Address:	Enter Florida street address		110	
	, Florida		<del></del>	
	City	Zip Cč	îde	

#### 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

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

<u>Title</u>	Name	Address	Type of Actio
MBR	MICHAEL GLEISSNER	1451 OCEAN DRIVE SUITE 20	O ■ Add
		MIAMI BEACH, FL 3313	9_□ Remove
CEO	CAMELIA TESSA HELMS	1451 OCEAN DRIVE SUITE 200	 O■ Add
		MIAMI BEACH, FL 33139	9_□ Remove
			Remove
		```	_ Add
			Remove
			_□ Add
			_□ Remove
			_□ Remove

D. If amanding any Athan information, an	iter change(s) here: (Attach additional sheets,	(fraggeren)
D. It amending any other information, en	ner enange(s) nere: (Anach adamonal sneets,	ij necessary.)
		<u>·                                      </u>
- And the state of		
E. Effective date, if other than the date of (The effective date must be specific, cannot be pric the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 9	(optional) 0 days after
Dated JULY 15	2014	
Camelia	Tello Helius	
Signatur	e of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
CAMELIA TESSA	Typed or printed name of signee	
		· · · · · · · · · · · · · · · · · · ·
		A
		် ကို ဟို
	Page 3 of 3	
	Filing Fee: \$25.00	10.0 V 501
	Already submitted -	- check so
	Cashed by Florida	- department of State
	Cashed by Florida ou July 3, 2014.	Please see attached
		1
	Thank (	You!
	(	J