# L160000 21079

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000284680230

04/26/16--01014--030 \*\*30.00

16 APR 26 PH 4: 09

DESCRIPTION STATE

JPR 2 P 2016 J. HARRIS

## **COVER LETTER**

TO:	Registration Sec Division of Cor			
SUBJI	FLI BROKI	ERAGE SERVICES, LLC		
300,1		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		JEFF BADER		
			Name of Person	
		FLI BROKERAGE SERV	ICES, LLC	
			Firm/Company	
		3505 NW 107TH AVE SU	ITE C	
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	<del></del>
		GDEGODOY@FREIGHTI		
		E-mail address: (	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
GABR	RIEL DE GODOY		786 235-7800 at (	
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2:	5.00 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

FLI BROKERAGE SERVICES, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our recordited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on 2/1/2016	and assigned
Florida document number L16000021079		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u></u>	
Inter new mailing address, if applicable:		#!! 20 122   <u>P</u>
Mailing address MAY BE A POST OFFICE BOX)		
		26 =
3. If amending the registered agent and/or registere	d office address on our record	
egistered agent and/or the new registered office address		, <del></del>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, ,F	lorida
	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

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JEFF BADER	3505 NW 107TH AVE SUITE C	
		DORAL, FL 33178	Remove
			□ Change
MGR	CHRISTIAN RYSER	3505 NW 107TH AVE SUITE C	■ Add
		DORAL, FL 33178	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add  Remove
			□:Remove
			□ Remove
			□ Change

·If amending any other information, e	nter change(s) here: (Attach additional shee	ts, if necessary.)
		<del></del>
		····
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
<del></del>		
Note: If the date inserted in this block doe document's effective date on the Departme	effic and cannot be prior to date of filing or more than 90 s not meet the applicable statutory filing requirement of State's records.  tive date, but not an effective time, at	nents, this date will not be listed as th
Dated APRIL 22	, 2016	
	Tudov/ re of a member or authorized representative of a memb	er 5
GABRIEL DE GODOY		PR 26
	Typed or printed name of signee	30 3
		1 ORIO 1 STATE 1 STATE
	Page 3 of 3	9

Filing Fee: \$25.00