201000016467

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Onyotato/Zipir Holio #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





800113424018

01/15/08--01021--025 **25.00

08 MAR IO AM IO: 07
SECRETARY OF STATE
TALLAHASSEE FLORID

KI Challianne MAD I A 2000

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Partners Financial Serv	ices, LLC				
	e of Limited Liability Company)				
	,				
The enclosed Articles of Amendment and fee(s)) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
William W.	Partin				
	(Name of Person)				
Partners Fir	nancial Services, LLC				
	(Firm/Company)				
13705 Inter	national Drive South				
	(Address)				
Orlando FI	L 32821				
-	(City/State and Zip Code)				
For further information concerning this matter,	please call:				
William Partin	at (714) 712-7328 x7246				
(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 S					
MAILING ADDRESS:	STREET/COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2008

WILLIAM W. PARTIN 13705 INTERNATIONAL DRIVE SOUTH ORLANDO, FL 32821

SUBJECT: PARTNERS FINANCIAL SERVICES, LLC

Ref. Number: W08000002615

We have received your document for PARTNERS FINANCIAL SERVICES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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 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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 008A00003436

FILED

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION SECRETARY OF STATE TALLAHASSEE FLORIDA TO

08 MAR 10 AM 10: 07

Vista Financial Service (Name of the Limited (A	LLC <u>Liability Company as it now ap</u> Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	9-23-2001	and assigned
Florida document number <u>L01000016467</u>	·		
This amendment is submitted to a mend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company	here:	
PFCU Financial Services, LLC			
The new name must be distinguishable and end wit 'L.L.C." B. If amending the registered agent and/or the new registered of	or registered office address o		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
New Registered Office Address.		(Enter Florida street ac	ddress)
		, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Remove
			Remove
	•		
			Add Remove
			
			Add Remove
<u></u>			
			Remove
			∏Add
			Remove
D. If an	nending any other information.	enter change(s) here: (Attach additional sheet	ts, if necessary.)
	NA		08 MAR SECRET
		, , <u>, , , , , , , , , , , , , , , , , </u>	
			N AI
			AH 10: 07 FEFE ONDA
		• .	07 IDA
Dated _	March 3	<u>, 2008</u> .	
		11 Julian Fax	,
		re of a member or authorized representative of a men	mber
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00