L03000000112

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04/18/22--01043--014 **25.00

SECRITIONS STATE STATE OF CORPORATIONS DIVISION OF CORPORATIONS

T. MATTHEWS MAY 25 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
FIN & FIN	, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LYNN M. BUCKNER		
		Name of Person	
	FIN & FIN, LLC		
		Firm/Company	·• ··
	6900-29 DANIELS PKWY	7	
		Address	
	FORT MYERS, FL 33912		
		City/State and Zip Code	
	STORE & 9 G E-mail address: (05 (0 THE UPSSTORE. to be used for future annual report noti	COM (fication)
For further information of	concerning this matter, please ca	all:	
LYNN M. BUCKNER		at (239) 768	-3445
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee \$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)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	rporations
P.O. Box 632	27	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS OF CORPORATIONS OF 22 APR 18 AM 9: 52

FIN & FIN. LLC (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 ________ and assigned Florida document number L03000020112 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: LYNN M. BUCKNER Name of New Registered Agent: 7537 EAGLES FLIGHT LANE New Registered Office Address: Enter Florida street address

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.

FORT MYERS

HChanging Registered Agent, Signature of New Registered Agent

____, Florida 33912 Zip Code 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>	Address	Type of Action
MGR	JEAN A. FINNERY	4057 LAS PALMAS WAY	□Add
		SARASOTA, FL 34238	■Remove
			□Add
		 	□Remove
			□Change
		.	□Add
			□Remove
			
 			
			□Remove
			□Change
			□Add
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Note:	ive date, if other than the date of filing:
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	MARCH 2+ 2022
Dated _.	
Dated _.	Jean A. Finnery Jean A. Finnery

Filing Fee: \$25.00