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TALLAHASSEE, FLORIDA

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NOV 24 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINLEY'S 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:

NATHAN MCKENZIE

Name of Person

NATHAN MCKENZIE, CPA

Firm/Company

13384 SW 288 ST

Address

HOMESTEAD, FL 33033

City/State and Zip Code

mckenziecpa@aol.com

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

For further information concerning this matter, please call:

NATHAN MCKENZIE

786

231-6694

at ()

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

DEPT. TREAS. OF STATE
TALLAHASSEE, FLORIDA

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FINLEY'S LLC

The Articles of Organization for this Limited Liability Company were filed on 01/19/2005 and assigned Florida document number **L05000005664**

FINLEY'S BAHAMIAN RESTAURANT LLC

2710 W ATLANTIC BOULEVARD

POMPANO BEACH, FL 33069

2710 W ATLANTIC BOULEVARD

POMPANO BEACH, FL 33069

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CLERK OF DISTRICT COURT
NORTH DAKOTA
FARGO

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:

MGR = Manager
AMBR = Authorized 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
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STATE PARTY OF FLORIDA
TREASURER'S OFFICE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

11/10/14

E. Strachan

Signature of a member or authorized representative of a member

Everette Strachan

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA