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**EXAMINER** 

# **COVER LETTER**

Division of Co		·	
SUBJECT:	FINATIC,	LLC	
<del>-</del>	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Tom	Name of Person	
	FINA	Firm/Company	•
	8475 B	1066 WOUS AUG	※20がごこ
	CARC	ANAVCRAL TO City/State and Zip Code	FL 37\$7\$
$\Delta^{-1}$	E-mail address: (	to be used for future annual report notifica	Service control promises
For further information	concerning this matter, please o	call:	
10M	Stocks of Person	at 321) Area Code & Daytime T	SVS8
Name	or r crson	Alea Code & Dayinile 1	releptione (valide)
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDDECS.	STDEET/COURIE	A ADDRESS.

### 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

FINATIC, LLC	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.  ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02/08/2005 and assigned
Florida document number <u>L05000013206</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	The second second
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)	8472 RIOCEWOOD ANEX SO
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent: Wor	ins 3 Stocks
New Registered Office Address: 8472	KIDGE WOOD AUG # SOI
CARE	Enter Florida street address  Physics Street address  City Zip Code
Navy Designationed Agently Signature If shanging Designand Agents	

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, Stenature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member <u>Title</u> Address **Type of Action** Name 1 MER ☐ Add ☑ Remove ☐ Add Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 5/26/11 Dated Signature of a member or authorized representative of a member Stocks
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00