## LU5000031105

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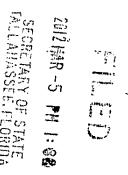
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**EXAMINER** 



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Fin Expedition	Liability Company
Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to t	the following:
Herman Timo	My CHASTAIN Name of Person
Fin ExpE	Difions LTD CO Firm/Company
425 Norti	h Shone DRIVE Address
Cocoa Ber	Jeh Fl ity/State and Zip Code
	BEACH Q GMAIL. Com  used for future annual report notification)
For further information concerning this matter, please call:	
· · · · · · · · · · · · · · · · · · ·	at ( <u>321)                                    </u>
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Solution Status}\$\$ Salue 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)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.

Fin EXPEDITIO	ns LTD	) CO		
(Name of the Limited Liability Company of A Florida Limited Liab	as it now appears on ou ility Company)	ur records.)		
The Articles of Organization for this Limited Liability Company we	ere filed on $3/2$	8/2005 ar	nd assigned	
Florida document number <u>LOS 00003/1.05</u>	•	·		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the	e designation "LLC" o	r the abbreviation	
Enter new principal offices address, if applicable:	PI	A		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	$\sim$	10		
(Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , ,	Zu	20	
<del>-</del>		CRUTA LA IAS	70	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our red	cords, <u>enter thé?ñá</u>	me of the new	
Name of New Registered Agent:	np		 60	
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Title** Type of Action <u>Address</u> Mg2M Herman Timothy CHAStrin 425 N. Shore Pr Add Cocoa Beach El Premo Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00