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D. BRUCE

NOV 9 2009

EXAMINER

COVER LETTER

TC	Registration Secti Division of Corpo			,	
	,	1	:		, •
SUBJE	ECT:		& Tax Planning, LL	<u>.C</u>	•
		Name of Limit	ted Liability Company		•
The en	closed Articles of Art	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
	• •				:
		_	01 1404 050	• •	
		Ra	nga Chary, MBA, CFP	·	
			Name of Person	. ,	• • • • • • • • • • • • • • • • • • • •
		Fin-Est \	Wealth & Tax Planning	, LLC	
			Firm/Company	. ,	
				•	•
	• .	. 2	107 NW 142nd Way		,
			Address		Z ₀ 0
				_	150)9
	:	Pen	nbroke Pines, FL 3302	<u> </u>	
			City/State and Zip Code		AR ASS
		r	.chary@yahoo.com o be used for future annual report	t motification)	
		E-man address. (t	o be used for future aimuai report	i notification)	
For fur	ther information con	cerning this matter, please c	all: ,		3: 5 STAT LORH
					DA CO
		ary, MBA, CFP	at (_954_)	849-0421	 ,
	Name of P	erson	Area Code & D	aytime Telephone Number	•
				•	
Enclos	ed is a check for the	following amount:	•		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy		te of Status &
		••	(additional copy is enc		al copy is enclosed)
					· -
	MAILIN	G ADDRESS:	STREET/CO	OURIER 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fin-Est Wealth	& Tax Planning,	LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appear nited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability Con	e Articles of Organization for this Limited Liability Company were filed on 06/07/05			
Florida document numberL05000058633				
-	,		·	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company her	e: .		
		_		
The new name must be distinguishable and end with the words	"Limited Liability Compa	ny." the designation	"LLC" or the abbreviation	
"L.L.C."			,	
Enter new principal offices address, if applicable:	2107 NW 142ND	W/ A Y		
(Principal office address MUST BE A STREET ADDRESS				
	<u> </u>	10, 11,00020	- LA	
			- 2 2 11	
Enter new mailing address, if applicable:	2107 NW 142ND	WAY	SSER	
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINE	S, FL 33028		
*			ORA CO	
			DM co	
B. If amending the registered agent and/or registered		ur records, <u>enter</u>	the name of the nev	
registered agent and/or the new registered office addres	s here:			
	•	. ;		
Name of New Registered Agent:		·		
New Registered Office Address: 2107 N	W 142nd Way			
	Ent	ldress		
	Pembroke Pines,	, Florida	33028	
(************************************	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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Ma MGRM = N	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jaya Chary	2107 NW 142nd Way Pembroke Pines, FL 33028	✓ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
	· <u></u>		Add Remove
<u>ac</u> . <u>R</u> .	nding any other information, enter chang ddress change for: ANGA CHARY and FIN-EST WEAL 107 NW 142ND WAY, PEMBROKE		09 NOV - (0 PM SECRETARY OF TALLAHASSEE, F
Dated	Kellon	909 Je ch	3: 58 STATE LORIDA
	Rang	a Chary, MBA, CFP or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00