195000105561

(Re	equestor's Name)		
(Address)			
	,		
(Address)			
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	WAIT '	MAIL	
′ (Ви	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
		·	



800113131548

12/17/07--01027--015 **25.00

PILED 07 DEC 17 AM 10: 59 SECRETARY OF STATE

Office Use Only

COVER LETTER

 $\psi_{i,N}$

TO: Registration S Division of Co		.∂•		·	
SUBJECT: LONE	TREE FINANCIAL	GROUP LLC			
	(Name of Li	mited Liability Company)		•	
The enclosed Articles of	of Amendment and fee(s) are s	ubmitted for filing.			
Please return all corresp	pondence concerning this matt	er to the following:		•	
	SUSAN L. SICAR	RD			
		(Name of Person)			
	LONE TREE FINA	ANCIAL GROUP LLC			
		(Firm/Company)			
	9940 LONE TREE	ELANE			
		(Address)		0	
	ORLANDO,FLOR	RIDA 32836		7 RE	
		(City/State and Zip Code)		部。	FILEU
For further information	concerning this matter, please	call:		OT DEC 17 AM IO: 59 SECRETARY OF STATE TALLAPIASSEE. FLORIDA	E
SUSAN L. SIC	CARD	at (407) 574-2062		OR STA	
	of Person)	(Area Code & Daytim	ne Telephone Number)	- Br 9	
Enclosed is a check for the	e 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 e	&	

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

LONE TREE FINANCIAL GROUP LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on document number <u>L05000105561</u> OCTOBER 28,2005 and assigned		
SECOND:	This amendment is submitted to amend the following:		•
	CHANGE NAME FROM: LONE TREE FINANCIAL GROUP	LLC	
	TO: LONE TREE GROUP UC		
		OF DEC 17	
		一製品	当時
		T AM II: 00	Ö
		— FE'S	
		— 醫 8	
•			
			
Dated DE	ECEMBER 12 , 2007 .	***************************************	
	Signature of a member or authorized representative of a member	·	
	SUSAN L. SICARD Typed or printed name of signee		

Filing Fee: \$25.00