

LD5000118166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FL 32310

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2013

CHRISTIAN GIANNOTTI  
1122 WESTGATE ST. STE. 203  
OAK PARK, FL 60301

SUBJECT: FINANCIAL RESCUE & ASSOCIATES L.L.C.  
Ref. Number: L05000118166

We have received your document for FINANCIAL RESCUE & ASSOCIATES L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 213A00015429

DEPARTMENT OF STATE  
1100 W. GUNN ST.  
TALLAHASSEE, FL 32304

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Financial Rescue & Associates 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.

Christian Giannotti

Name of Person

Financial Rescue

Firm/Company

1122 Westgate St. (Ste. 203)

Address

Oak Park, IL 60301

City/State and Zip Code

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

For further information concerning this matter, please call:

Christian Giannotti at 773 575-2100

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Financial Rescue & Associates, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/12/2005 and assigned Florida document number 405000118166

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1122 Westgate ST.  
(SUITE 203)  
Oak Park, FL 60301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HAN CHEN	1622 73 ST.	<input checked="" type="checkbox"/> Add
		Darien, IL 60561	<input type="checkbox"/> Remove
MGR	Shauna CHEN	1622 73 ST.	<input checked="" type="checkbox"/> Add
		DARIEN, IL 60561	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE OF ILLINOIS  
 DEPARTMENT OF STATE  
 CHIEF CLERK

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 6/10/2013

*C. Giannotti*

Signature of a member or authorized representative of a member

*Christian Giannotti*

Typed or printed name of signee

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Filing Fee: \$25.00

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FALL RIVER, MASSACHUSETTS

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