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(Re	questor's Name)	
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SECRETARY OF STATE
ALLAHASSEE

D. BRUCE

MAY 28 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	LER Finar	ncial Services LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.		
Please return all corresp	condence concerning this matte	er to the following:		
	<u>L</u>	awrence E Rubenstein		_
		Name of Person		
		R Financial Services LLC Firm/Company		_
		Address		_
		Sarasota,FI 34240		O9 M SECR
		City/State and Zip Code		HAX.
	E-mail address:	ler35@earthlink.net (to be used for future annual report noti	fication)	RY SSE
For further information	concerning this matter, please	•	····	MAY 27 PM 3: 40 RETARY OF STATE AHASSEE, FLORIDA
Lawre	nce E Rubenstein	at (941)	907-8899	DA FO
	of Person	Area Code & Daytin	ne Telephone Numb	
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 enclose	d) Certifie	iling Fee, eate of Status & ed Copy onal 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nancial ServicesLL0		
ty Company as it now appea Limited Liability Company)	rs on our records.)	
Company were filed on	11/16/2006	and assigned
nited liability company he	<u>re</u> :	
ords "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
RESS)		
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	our records, enter t	he name of the new
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E	nter Florida street add	ress
	, Florida	
City		Zip Code
	Company as it now appear Limited Liability Company) Company were filed on nited liability company he ords "Limited Liability Comp RESS) stered office address on dress here:	stered office address on our records, <u>enter t</u> dress here: Enter Florida street add

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u> </u>	Address	Type of Action
MGR	Marisa L. Smith- F	Rubensteir <u>ç</u> F	9922 Cape Haze Circle Parrish, Fl. 34219	Add Remove
		-		Add Remove
				Add Remove
				Add Remove
				Add Remove
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Add Remove
D. If am	ending any other informatio	n, enter change(s) l	here: (Attach additional sheets, if necessal	FILED 09 MAY 27 PM 3: 40 SECKLARY OF STATE ACCRETARY OF STATE
Dated	May 26	, 2009	Ö	_
	Signal		uthorized representative of a member	
			e E Rubenstein	

Page 2 of 2

Filing Fee: \$25.00