## L06000 115639

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Solution of Con			
SUBJECT: The Fina	······································	nited Liability Company)	
	Amendment and fee(s) are subondence concerning this matter	-	
	Randy Robinson	(Name of Person)	
	The Finance Expert	LLC. (Firm/Company)	
	4165 N Landar Dr.	(Address)	<del> </del>
	Lake Worth FL. 3346	63 (City/State and Zip Code)	
For further information of	oncerning this matter, please c	all:	*
Randy Robinson		at ( 954 ) 907-5460	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 08 JAN -7 PM 3: 04 SECRETARY OF STATE TALLAHASSEE FLORIDA

The Finance Expert 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 Co	ompany were filed on <u>12/4/2006</u>	and assigned
Florida document number <u>L06000115639</u>	<u> </u>	. , , <del>,</del>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The Finance Expert's LLC		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the d	esignation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our recor ress here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(12)	
	(Enter Florid	da street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performance of my du ent as provided for in Chapter 60	ties, and I am familiar with and 8. F.S. Or. if this document is
	(If Changing Registered Agent, Signate	are 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 = Ma MGRM = I					
<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type</b>	Type of Action	
				Add Remove	
<del>area de la comp</del>				Add Remove	
	·			Add Remove	
				Add Remove	
				Add Remove	
				Add Remove	
D. If amen	nding any other information, enter o	change(s) here: (Attach additional sheets, if neces	sary.)		
			SECRETARY OF TAULAHASSEE F	08 JAN - 7 PH	
Dated <u>12/</u>	14/2007		STATE	3: 04	
P	Randy Robinson	nember or authorized representative of a member  Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00