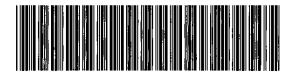
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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	<u></u>	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
ALL AHASSEF FLORINA



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Metta Francial Advisors, 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:
Raymond E. Mas (Name of Person)
Motta Financial Advisors, UC (Firm/Company)
806 Douglas Red, 9th F160r (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 529 -0326 k4-116 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

FILED

07 OCT 18 AM 10: 53

	SECRETARY OF STATE TALLAHASSEE, FLORIDA (Present Name)
	(A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on
SECOND:	This amendment is submitted to amend the following:
	we would like to remove Raymond
	Mas as a managing member. We
	would like to replace him with:
	Rodd S. Garfinkel
	Po Box 141898
,	Coral Gables FL 33114
v	· · · · · · · · · · · · · · · · · · ·
Dated	10/13 . 07.
	Signature of a member or authorized representative of a member
	Raymond E. Mas

Filing Fee: \$25.00