L07000023042

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: FINAGR	I LLC						
Septect.		ited Liability Company)					
	amendment and fee(s) are sub	-					
	ALEXANDER READ						
		(Name of Person)					
	ALEXANDER READ INVESTMENTS						
		(Firm/Company)					
	807 West Morse Blvd.						
		(Address)					
	Winter Park Florida 3278	39					
		(City/State and Zip Code)					
For further information concerning this matter, please call:							
Sander Read		at (407) 629 2746					
(Name of	Person)	(Area Code & Daytime T	elephone 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)				
	NG ADDRESS: tion Section	STREET/COURIER Registration Section	ADDRESS:				

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 08 MAY 16 PM 12: 39

SECRETARY OF STATE TALLAHASSEE FLORIDA

FINAGRI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

().	1 1011da Dillinoo Diability	Company	
The Articles of Organization for this Limited Li	7 and assigned		
Florida document number L07000023042	·		
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	
same			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Lia	bility Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	FINACRI	
(Principal office address MUST BE A STREET ADDRESS)		807 WEST	MODSE BOOD PARK, 7L 32789
	<u> </u>	U(N FIC	MAKK, TC 32761
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or the new registered of	fice address here:	ddress on our record	is, <u>enter the name of the new</u>
Name of New Registered Agent:	Sander Read		
New Registered Office Address:	807 West Morse Blv	<i>r</i> d.	
		(Enter Florid	a street address)
	Winter Park Florida	32789,]	Florida
	(Cit	<i>y)</i>	(Zip Code)
New Registered Agent's Signature, if changing I	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>	Address	Type of Action
UGRM GEO	ALEXANDER READ	807 West Morse Blvd. Winter Park Florida 32789	Add Remove
MGRM Pres	W.Bishop Jordan	807 West Morse Blvd. Winter Park Florida 32789	Add Remove
MGR	Maurice E.Waller	195 Weikiva Springs Road Ste. 310 Longwood,Ft. 32779	Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessar	
,		,	FILE PORTARY OF SECURETARY OF PALLANASSEE
_			PH 12: 39 OF STATE OF STATE
Dated May		<u></u>	
	Signature of a	member or authorized representative of a member	
	Sander Read	T	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00