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(Requestor's Name)				
(Ac	ddress)			
(Address)				
(Cì	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	e)		
(Document Number)				
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SECRETARY OF STATE
SECRETARY OF STATE

N. MAY - 7 2000

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Global Financial Solutions of Central Florida UC (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:
Charles P. Hawkins (Name of Person)
Global financial Solutions of Central Floridallo
5001 SW 20th Street, 1405
Ocala, FL 34474 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (352) 454-5811 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times\$\$\$30.00 Filing Fee & \$\times\$\$\$\$\$\$\$55.00 Filing Fee & \$\times\$
Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 HAY -6 AM 11: 25

	OF	SECRETARY OF STATE	
Global Financi	al Solutions of C	SECRETARY OF STATE TALLAHASSEE FLORIDA LENtral Florida LLC	
(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number		and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Fintar)	Florida straat addrass)	
	(Enter Florida street address)		
	(City)	, Florida(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
-			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If an	nending any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	ry.)
	Change Article 'Any and All L		only
Dated	5/1/200		MAY -6 AM II: 25 CRETARY OF STATE LAHASSEE FLORIDA
	Oharles P.	or authorized representative of a member Howkins or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00