10700011826

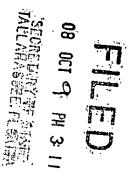
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name) (Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				
·				
·				
·				

Office Use Only



300136376703

09/29/08--01058--015 **30.00



Dollar



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2008

WILLIAM H WALTON PO BOX 5556 SALT SPRINGS, FL 32134

SUBJECT: DUTCH WEST FINANCIAL SERVICES, LLC

Ref. Number: L07000116826

We have received your document for DUTCH WEST FINANCIAL SERVICES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 708A00052218

Figure 1981 in your document, wong with a copy of this latter, within 60 days or our filling set as considered abandoned.

The filling set as considered abandoned.

The filling is the considered abandoned in the filling form incomment places and

08 0CT -8 AM 8 00

阿阿

MAIN

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	DUTCH WEST FIN	ANCIAL SERVICES, LLO	<u> </u>
-	(Name of Lim	ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
1		WILLIAM H. WALTON	
		(Name of Person)	
	DUTCH W	EST FINANCIAL SERVICES, LLC	
		(Firm/Company)	
PO BOX 5556			
		(Address)	
	S	SALT SPRINGS, FL 32134	
		(City/State and Zip Code)	
For further information	concerning this matter, please c	ali:	
WILLIAM H. WALTON at (365) 685-1111			
	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

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327

ťo:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ST FINANCIAL SERVICES, LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L07000116826	Company were filed on NOVEMBER 15,	2007 and assigned
riorida document number	<u> </u>	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	SE SE
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the design	
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET AD	DRESS)	7
	<u> </u>	<u>φ</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	treet address)
	, Flo	rida
	(City)	(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Address** Title <u>Name</u> Osiris Rosario **MGRM** 13320 SW 9th Terrace Add Add Remove Miami, FL 33184-1934 ☐ Add Remove 🗖 Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Fed ID # 51-0655752 September 25 2008 Dated_ Signature of a member or authorized representative of a member William H. Walton

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00