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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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EXAMINER				

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2009 SEP -8 PM 2 SECRETARY OF ST TALLAHASSEE, FLO

COVER LETTER

TO: Registration Division of	Section			
SUBJECT:	Fellowsh	Fellowship Financial, LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matter	r to the following:		
		Michael Eastham Name of Person		
		Name of Person	. ~ ~	
	Fe	Fellowship Financial, LLC		
		Firm/Company	2009 SEP SECKET TALLAH	
393 Center Pointe Circle #1461		ARY ARY		
		Address	mo no	
	Alta	monte Springs, FL 32701	PH 2: 58 OF STATE E. FLORIDI	
		City/State and Zip Code	& 58	
	michae	el@fellowshipfinancial.com	<u></u>	
For further information	E-mail address: (on concerning this matter, please	(to be used for future annual report notificat i. call:	ion)	
		1	10 = 000	
	fichael Eastham	at (407) 94 Area Code & Daytime T	49.5888 elephone Number	
Enclosed is a check f	or the following amount:	<u>.</u>		
\$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)	
Reş Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COURIER Registration Section Division of Corporati '112 Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF AMENDMENT TO ÁRTICLES OF ORGANIZATION OF

Fello (Name of the Limited Lia (A Flo	bwship Financial, LLC bility Company as it now appear rida Limited Liability Company)	s on our records.)	<u></u>
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on		and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here	2:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compar	ny," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or resistered	egistered office address on o	ur records, enter	
registered agent and/or the new registered office			
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street addre	ess
_		, Florida	
	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

<u>Title</u> <u>Name</u> **Address** Type of Action MGR Terrence R Pipenhagen 393 Center Poince Circle #1461 ☐ Add Altamonte Springs, FL 32701 Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 1st 2009 Dated Signature of a member of authorized representative of a member Michael D. Eastham Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00