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SECRETARY OF STATE

T. CLINE

MAY 19 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Con			:≱ _	
SUBJECT: First		angal Group of Tar ited Liability Company)	Marac, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	heith	(Name of Person)		
	First Universal		of Tamara, LLC	
	7153 NW	SSM Ave (Address)		- 1
	Tamarac,	FL 33321 (City/State and Zip Code)	SECRETAR ALLAHASS	7008 MAY 16 PM 12: 20
For further information of	concerning this matter, please c	all:	7.33 7.33 7.33	-o [
heith W	of Person)	at (<u>954) Z63-639</u> (Area Code & Daytime T	TELEPHONE Number)	M 12: 20
Enclosed is a check for the	he 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 Stat Certified Copy (additional copy in	

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

	Financial Croup of Tamara, LLC lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\frac{2990000282}{2}$	Company were filed on 315 2008 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the line of	Group, LLC words "Limited Liability Company," the designation "LISC" or the abbreviation AHARSS 16
Enter new mailing address, if applicable:	FSTATE TORION
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	pistered office address on our records, enter the name of the new
Name of New Registered Agent:	autess nere.
New Registered Office Address:	(Enter Florida street address)
	(City) , Florida
	ILIIVI IZID LAAPI

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</u> <u>or Mánaging Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
						
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D. II amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary,)			
						
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Dated		· · · · · · · · · · · · · · · · · · ·				
	Signature of a mon	nber or authorized representative of a member				
	V ₂ (1) (1)	Yve beld ped or printed name of signee				
	ıy	ped of printed name of signee				

Page 2 of 2

Filing Fee: \$25.00