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SECHETARY OF STATE

8 JUL 31 PH 2: 1

M. THOMAS

AUG - 1 2008

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
SUBJECT: Whi	testar Finan	cial Services, L ited Liability Company)	LC	
	•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		·		
	Steve V	(Name of Person)		
		(Name of Person)	<del> </del>	
			•	
(Firm/Company)				
				-
	(Firm/Company)  11787 Bayou LN (Address)  Boca Roton FL 33498 (City/State and Zip Code)			
		(Address)	の表	2
	Boca Rot	on FL 33498		<u>ှ</u>
		(City/State and Zip Code)		سند اکتاب
For further information c	oncerning this matter, please c	all.	<b>≽</b>	
To further information c	oncerning this matter, prease c	an,		
Steve	Krause	at (561) 482 9 (Area Code & Daytime To	306	
(Name o	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for the	e 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)	
Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## **COVER LETTER**

TO:

Registration Section Division of Corporations

- tinancial Services, LLC
(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:

Steve Gravse (Name of Person)
(Firm/Company)
20283 State RD 7 suit: 104
Boca Raton FL 33498 (City/State and Zip Code)

For further information concerning this matter, please call:

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 & Cartified 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 Tallahussee, FL 32301

- KOW-

FAX NO. :561 423 8415

Aug. 01 2008 12:10PM P2

\* ATTN MARSHA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cr,u'	
(Name of the Limited Elability Company as it is	ow appears on our revords.)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L 6 90 00 0 2 93 0 3</u> .	ed on 3-17.2508 and assigned
This amendment is submitted to amend the following:	
A. If amending name, cuter the new name of the limited liability con	pany here:
The new name must be distinguishable and end with the words "t imited Liabi "L.L.C."	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	283 State LU DRS#10 10
(Principal office address MUST BE A STREET ADDRESS)	oca Ration FL \$3 798 T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  —	293 citate RO 7 Backendoy
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent: 5+e.2e	Scaus?
New Registered Office Address: 20383	State RD 7 Soute 104  (Enter Florida street address)
Boca Ra-	Fon Gorida 33498 (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 1 by duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chap er 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)

T-490 P.001/003 F-355

\_MANT BUSINES ASSESSED

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>	Name	Address	Type of Action		
MGR	Danielle Desyardin	Line clarke shores FC	Add Remove		
MGR	Steve Krause	20283 State RID Suite 10 Borg Raton Pl. 33498	Add Remove		
			Add ☐ Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin		s) here: (Attach additional sheets, if necessary.)	SECHE SECHE		
	Lenove Daniell 11 Records	le Desjardin from	FILED  18 JUL 31 PM 2: 15  SECHETARY OF STATE  TALLAHASSEE FLORIDA		
Dated <u> </u>	d Chielle	authorized representative of a me niher	_		

Page 2 of 2

Filing Fee: \$25.00