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(R	lequestor's Name)	
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	ddress)	<u> </u>
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(C	ity/State/Zip/Phone #)	
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(B	usiness Entity Name)	
(C	ocument Number)	
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**25,00



M. THOMAS

AUG 2 4 2009

EXAMINER

COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJE	· °CT•	ANCIAL SERVICES, LLC				
3000			ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are su	omitted for filing.			
Please	return all corresp	ondence concerning this matte	to the following:			
,	ROBIN FEINGLAS					
			Name of Person			
		SA	AVEOLOGY.COM LLC			
			Firm/Company			
		3303	W. COMMERICAL BLVD.			
			Address PEC 5 T			
		FT. I	AUDERDALE, FL 33309 City/State and Zip Code Inglas@saveology.com			
			City/State and Zip Code			
		F-mail address:	nglas@saveology.com to be used for future annual report notification)			
For fur	ther information	concerning this matter, please	54 7			
			404			
	Name	rfeinglas of Person	at (at (
Enclose	ed is a check for t	the following amount:				
	0.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, 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

HOMES.O	RG FINANCIAL SERVIC	ES, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Li Florida document number		04/01/2008	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :		
SAVEOLO	OGY FINANCIAL SERVICES	, LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applic	able:		型 1	
(Principal office address MUST BE A STREE	T ADDRESS)		[CG]	
			超之四	
Enter new mailing address, if applicable:	<u> </u>		F. S. 11.	
(Mailing address MAY BE A POST OFFICE)	BOX)		SE X	
			O'P	
B. If amending the registered agent and/or the new registered of		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	SAVEOLOGY.COM LLC			
New Registered Office Address: 3303 W. COMMERICAL BLVD.				
	En	ter Florida street add	dress	
•	FT. LAUDERDALE, FL 33	3309 _, 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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			TALLANDOVE SECREMENTO OF STATES OF STATES ARCHITICAL AND ARCHIT
	-		OF STATE
D. If amend	ding any other information, ente	r change(s) here: (Attach additional sheets, if necesso	
_			
. —			
Dated	,	Ju 1. U.4	
	Signature of a Mi Lul	member or authorized representative of a member L Wallack Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00