L08000041989

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phon	e #)	
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TO NOV 30 AH II: 10
SECHE DARY OF STATE
ALL AHASSEE, FLORID

B. BOSTICK
DEC 1 2010
EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ECT:	Magnify Fin	ancial Services, LLC			
			nited Liability Company		-	
The en-	closed Articles of	`Amendment and fee(s) are su	sbmitted for filing.			
Please	return all corresp	ondence concerning this matte	er to the following:			
			John P. Santarpia		-	
			Firm/Company		_	
		101	0 N. Church Ave. Suite	1	-	
			Mulberry, Florida 33860 City/State and Zip Code		TAL	
For furt	ther information o	E-mail address:	(to be used for future annual report	notification)	CREDARY	10 NOV 30
	Edw	ard Reisinger	at (800)	666-3151	e FL	
		d'Person		aytime Telephone Numbe		
Enclose	ed is a check for t	ne following amount:				
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certifie	ate of Statued Copy	us & s enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnify Fir	nancial Services, Ll	_C	
(Name of the Limited Liability (A Florida I	Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C	company were filed on	4/08/2008	and assigned
Florida document number L08000041989			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		A S
•			>= = = = = = = = = = = = = = = = = = =
			ASA W
Enter new mailing address, if applicable:	<u></u> .	·····	MA. O
(Mailing address MAY BE A POST OFFICE BOX)			9 3
			107 11.
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the nev
Name of Nam Darietand A			
Name of New Registered Agent:			
New Registered Office Address:			17
	En	ter Florida street a	ddress
	, 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>	<u>Address</u>	Type of Action
MGRM	Magnify Credit Union	1010 N. Church Ave., Suite 1 Mulberry, Florida 33860	✓ Add Remove
MRGN	SANTARPIA, JOHN P	1010 N. CHURCH AVE. SUITE 1 Mulberry, Florida 33860	☐ Add ☑ Remove
MGR	HOOPER, ARTHUR G	1010 N. CHURCH AVE, SUITE 1 Mulberry, Florida 33860	☐ Add ☑ Remove
MGR	PHAREŚ, DENVER	1010 N. CHURCH AVE. SUITE 1 Mulberry, Florida 33860	Add Remove
	<u> </u>		Add Remove
· -			Add Remove
D. If an	mending any other information, en	ter change(s) here: (Attach additional sheets, if necess	ary.)
Dated _	November	The Pontage of a member or authorized representative of a member	10 NOV 30 AM II: 10 SECHETARY OF STATE TALLAHASSEE, FLORIDA
		John P. Santarpia Typed or printed name of signee	
		- 2 hor or hinter name or gignee	

Page 2 of 2

Filing Fee: \$25.00