

LD80000043533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

MAR 18 2009

EXAMINER

Office Use Only



500144161715

02/25/09--01015--015 **60.00

FILED
09 MAR 18 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AN FANMI MULTI SERVICES, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROOSEVELT SILIN
(Name of Person)

AN FANMI MULTI SERVICES, LLC
(Firm/Company)

311 ASBURY WAY
(Address)

BOYNTON BEACH, FLORIDA 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

ROOSEVELT SILIN at (954) 369-7849
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AN FANMI MULTI SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 30, 2008 and assigned
Florida document number L08000043533

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JOHN.X FINANCIAL SOLUTIONS, LIMITED LIABILITY COMPANY

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1050 SOUTH FEDERAL HIGHWAY SUITE 129

DELRAY BEACH FLORIDA 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1050 SOUTH FEDERAL HIGHWAY SUITE 129

DELRAY BEACH FLORIDA 33483

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

FILED
09 MAR 18 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

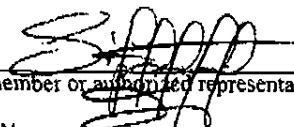
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 03-18-2009



Signature of a member or authorized representative of a member
ROOSEVELT SILIN

Typed or printed name of signee

FILED
09 MAR 18 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA