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TO JAN -4 AH 8: 48
SECRETARY OF STATE

S. HAWKES

JAN 5 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		Accelerated Fi	nancial Centers,	LLC	
30b3EC1		Name of Limit	ted Liability Company		
		ndment and fee(s) are sub			
Please return all c	correspondent	ce concerning this matter	to the following:		
	_		Christopher Miano)	
			Name of Person		
	accelerated Financial Centers, LLC Firm/Company				
	1679 SW South Macedo Blvd Address				
		Do	ort St. Lucio El. 340	NΩΛ	
	Port St. Lucie FL, 34984 City/State and Zip Code				
		E-mail address: (t	hrism0240@aol.co	m report potificati	on)
For further inform	nation concer	ning this matter, please c		opon nomicul	,
				0.4	100000
···	Name of Person	er L. Miano	at (954) Area Code		199296 Elephone Number
Enclosed is a che	ck for the fol	lowing amount:			
▼ \$25.00 Filing	Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Registrat Division Clifton E 2661 Exc	F/COURIER tion Section of Corporation Building ecutive Cente see, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accele	rated Finan	<u>cial Centers, L</u>	.LC	
(Name of the Limited (A	<u>Liability Compa</u> Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	ability Company			and assigned
This amendment is submitted to amend the follo A. If amending name, enter the new name of	· ·	ility company here	•	
,				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compan	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		Christopher Mi	ano	
(Principal office address MUST BE A STREET	(ADDRESS)	1679 SW Sout	h Macedo Blv	d
		Port St. Lucie	FL, 34984	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		same		
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address her	₽;	r records, <u>ente</u>	the name of the new
Name of New Registered Agent:	Christopher	iviiano		
New Registered Office Address:	same			
		Ente	r Florida street a	ddress
		- CI	, 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

Page 1 of 2

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 Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Heinz Tiede	1300 S Ocean Blvd #601 Pompano Beach FL, 33062	Add
<u>MGRM</u>	Dana Miano	135 NE Naranja Ave Port St. Lucie FL 34984	Add P. Remove
MGR	Christopher Miano	135 NE Naranja Ave Port St. Lucie FL. 34984	Add Remove
			AddRemove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	Remove
 Dated	December 28	2009	
		member or authorized representative of a member Dana Miano & Heinz Tiede	
		Typed or printed name of signee	······

Page 2 of 2

Filing Fee: \$25.00