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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

D. BRUCE
FEB 16 2009

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:	F	INET, LLC				
SUBJECT.		ted Liability Company)				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Christina Brose					
		(Name of Person)				
	FINET, LLC			₽° °		
		FIL 09 FEB 1 SECRETA SALLAHAS				
		PO Box 4509				
		3 PH				
	Orlando, FL 32802			ARY OF STATE		
		(City/State and Zip Code)		19 ATE RIDA		
For further information c	oncerning this matter, please c	all:	,	,		
Christina Brose		at (407) 377-1707				
(Name of Person)		(Area Code & Daytime Telephone Number)				
Enclosed is a check for the	ne following amount:					
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &		
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section	R ADDRESS:			

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	ET, LLC pany as it now appears on order the company)	our records.)		_	
The Articles of Organization for this Limited Liability Comparing the Losense	any were filed on07	7/28/2008	ar	nd assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company here:				
The new name must be distinguishable and end with the words "L	Limited Liability Company," t	he designation	"LLC" o	r the a	bbreviation
Enter new principal offices address, if applicable:	105 E Robinson Str	eet, Suite 222	SEC	7 P	
Principal office address MUST BE A STREET ADDRESS	Orlando, FL 32801		10 X	<u>E8</u>	
Enter new mailing address, if applicable:	PO Box 4509		RY OF ST	3 PH 2:	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32802		NIE,	19	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, <u>enter</u>	r the na	ame o	f the nev
Name of New Registered Agent:	Christina Brose				
New Registered Office Address:	105 E Robinson Stre	eet, Suite 222 Florida street d	address)		
	Orlando	, Florida	32801		
	(City)			ip Cod	le)

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 **Address** Type of Action Title Name MGR Stephen Bennett Add 7651 Saint Stephens Court Orlando, FL 32835 ■ Remove 155 S. Court Avenue, Suite 1216 Christina Brose **∏** Add MGR Orlando, FL 32801 Remove _ Add Remove □ Add Remove 🗖 Add 🗖 Remove Add) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 31 Dated _____ Signature of a member or authorized representative of a member Stephen Bennett Typed or printed name of signee

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Filing Fee: \$25.00