

L08000116887

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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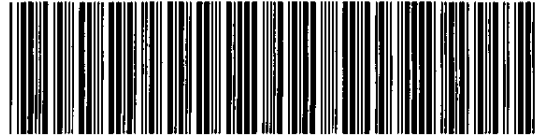
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. JAN 15 2009

LAW OFFICES OF
BART H. CHEPENIK, P.A.

Bart H. Chepenik
Master of Laws in Taxation

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January 13, 2009

Via FedEx

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

**Re: Amendment of Articles of Organization of Financial Centers, LLC
Florida Document Number L08000116887**

Dear Department of State:

Enclosed please find the following:

1. Affidavit of Joseph M. Doyle, authorized representative of Financial Service Centers of Florida, Inc. (Florida document no. N37304), expressly authorizing Financial Centers, LLC (Florida document no. L08000116887) to use the name, "Financial Service Centers, LLC";
2. Amendment of Articles of Organization of Financial Centers, LLC effecting the change of the company's name to "Financial Service Centers, LLC: and
3. Check (no. 1470) for \$30.00 for the amendment fee and certificate of status.

Insofar as Financial Service Centers of Florida, Inc. expressly authorizes Financial Centers, LLC to use the name, "Financial Service Centers," we ask that the name of the company be changed accordingly.

If you have any questions or comments regarding this correspondence, please give me a call in the office.

Very truly yours,



BART H. CHEPENIK
For the Firm

BHC/las

Affidavit

BEFORE ME, the undersigned authority, personally appeared JOSEPH DOYLE ("Affiant") who deposes and says:

1. Affiant is the chairman of the board of directors, a shareholder and an authorized representative of FINANCIAL SERVICE CENTERS OF FLORIDA, INC., a Florida corporation (Document Number N37304), which a corporation in good standing in the state of Florida.
2. Ellen Osman is the managing member of FINANCIAL CENTERS, LLC, a Florida limited liability company (Document L08000116887), which was organized on December 26, 2008 and is in good standing in the state of Florida.
3. Affiant is giving this affidavit in connection with the grant of authority and right to Ellen Osman and FINANCIAL CENTERS, LLC to change its name to "FINANCIAL SERVICE CENTERS, LLC." As such, FINANCIAL SERVICE CENTERS OF FLORIDA, INC. hereby grants FINANCIAL CENTERS, LLC the authority and right (a) to use the name "Financial Service Centers, LLC" and the trade name "Financial Service Centers" and (b) to change its name to "Financial Service Centers, LLC, and FINANCIAL SERVICE CENTERS OF FLORIDA, INC. hereby consents to and waives its right to challenge the use of the name "Financial Service Centers, LLC" and the trade name "Financial Service Centers" accordingly.

Executed this 13 day of January, 2009.


JOSEPH M. DOYLE

OF FLORIDA
FINANCIAL SERVICE CENTERS, INC.

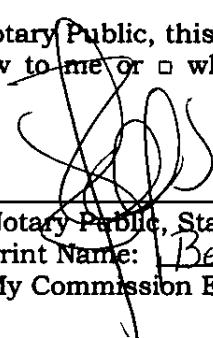
By: 
Name: Joseph M. Doyle
Title: 

STATE OF FLORIDA)
) SS.
COUNTY OF MIAMI-DADE)

Sworn to and subscribed before me, a Notary Public, this 13 of January, 2009 by Joseph M. Doyle ☐ who is personally know to me or ☐ who produced a Florida drivers license as identification.



BERTA REYES
Notary Public, State of Florida
Commission #DD 705539
My Commission Expires Aug. 16, 2011


Notary Public, State of Florida
Print Name: Berta Reyes
My Commission Expires: Aug 16, 2011

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FINANCIAL CENTERS, 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 December 26, 2008 and assigned
Florida document number L08000116887

This amendment is submitted to amend the following:

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

FINANCIAL SERVICE CENTERS, LLC

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

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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) (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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

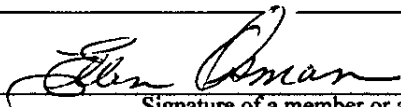
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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

ELLEN OSMAN

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA