

**L090000039225**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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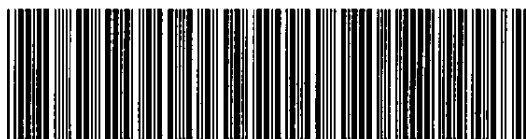
Special Instructions to Filing Officer:

**L. SELLERS**

NOV - 9 2009

**EXAMINER**

Office Use Only



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11/06/09--01017--017 \*\*60.00

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**09 NOV - 6 AM 8:50**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

FROM : ENGLISH#DISTRIBUTION#LLC

FAX NO. : 2129777762

Nov. 2 2005 4:02PM P7

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FINSERVICE II, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN G. STIM

Name of Person

ATTORNEY

Firm/Company

5A FROST MILL ROAD

Address

MILL NECK, NY 11765

City/State and Zip Code

STIMCONSUL@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN G. STIM at (56) 584-6114

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FINSERVICE II, 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 \_\_\_\_\_ and assigned  
Florida document number L09000039225

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

City \_\_\_\_\_, 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

RECEIVED  
LAHARA  
NOV 09  
5:50 PM  
FILED

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

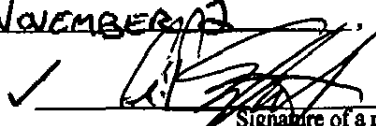
MGRM = Managing Member

| Title | Name            | Address                                      | Type of Action   |
|-------|-----------------|--|--|
| MGRM  | ADRENEE ENGLISH | 251 DIXIE BLVD.<br>DELRAY BEACH, FL<br>33444 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | FINSERVICE, LLC | 251 DIXIE BLVD.<br>DELRAY BEACH, FL<br>33444 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated

NOVEMBER 12, 2009.



Signature of a member or authorized representative of a member

CHESTER F. ENGLISH 3<sup>RD</sup> PRESIDENT, ENGLISH DISTRIBUTION, INC.

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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09 NOV - 6 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MGR, LIVINGSTON INVESTMENTS  
II, LLC, Managing Member,  
FINSERVICE, LLC.