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**EXAMINER** 

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## **COVER LETTER**

TO:

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SUBJE	ст: F		ANCIAL RESOURCES, ited Liability Company	LLC		
		Amendment and fee(s) are sub	_			
Please i	eturn all correspo	ondence concerning this matter	to the following:			
			GEORGE DOUKLIAS  Name of Person		•	
			Name of Person			
		FIRST CHOIC	E FINANCIAL RESOURCE	S, LLC	ZS S	3
			Firm/Company		CRE	5 = -
		28870 US	S HIGHWAY 19 N, SUITE 20	00	IAF HAS	
			Address		<u> </u>	
		CLEAF	RWATER, FLORIDA 33761		OF SI	
**			City/State and Zip Code		STATE LORID	_
		GDOU E-mail address: (	JKLIAS@HOTMAIL.COM to be used for future annual report notific	ation)	<b>D</b>	•
For furt	her information o	concerning this matter, please of	call:	·		
		RGE DOUKLIAS	at (	163-0865		
	Name o	of Person	Area Code & Daytime	Telephone Number		
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions ter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST CHOICE FINANCIAL RESOURCES, LLC

## (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) JUNE 4, 2009 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned L09000054466 Florida document number \_\_\_\_\_ 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 ' "L.L.C." 28870 US HIGHWAY 19 NOF Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SUITE 200 CLEARWATER, FLORIDA 3376 28870 US HIGHWAY 19 NORTH Enter new mailing address, if applicable: SUITE 200 (Mailing address MAY BE A POST OFFICE BOX) CLEARWATER, FLORIDA 33761 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 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>	Address	Type of Action
MGR_	MERCURIS, NIKO	28870 US HIGHWAY 19 NORTH SUITE 200 CLEARWATER, FLORIDA 33761	Add ✓ Remove
MGR_	DOUKLIAS, NICHOLAS	28870 US HIGHWAY 19 NORTH SUITE 200 CLEARWATER, FLORIDA 33761	Add  ✓ Remove
			Add  Add  Amove  AHASSE  AMA  AMA  AMA  AMA  AMA  AMA  AMA
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	Add Remove
Dated	,,	2009	
	Signature of a mem	ber or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
		SEORGE DOUKLIAS	
		ped or printed name of signee	

Page 2 of 2

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