L09000057009

(Re	questor's Name)	·· -
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Regisfration Section
Division of Corporations

SUBJECT:

Become The Bank 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:

Name of Person

Become The Bank LLC

Firm/Company

10151 NW 59th Ct.

Address

Parkland FL 33076

City/State and Zip Code
nick@becomethebank.com

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

For further information concerning this matter, please call:

Nick Torgerson

 $_{at} (\underline{^{888})} 9221525$

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



March 6, 2013

BECOME THE BANK NICK TORGERSON 10151 NW 59TH COURT PARKLAND, FL 33076

SUBJECT: BECOME THE BANK LLC

Ref. Number: L09000057009

We have received your document for BECOME THE BANK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 213A00005323

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION SHARE 18 PM 4: 35 OF SHARE TALK AMASSEE, FLORIDA

Become The Bank LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L09000057009	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	5645 CORAL RIDGE DR. SUITE 102
(Principal office address MUST BE A STREET ADDRESS)	COARL SPRINGS FL 33076
	CORAL
Enter new mailing address, if applicable:	5645 CORAL RIDGE DR. SUITE 102
(Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS FL 33076
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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.

City

Zip Code

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
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			Remove
			Add
			Remove
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			Add
			Remove

If amending a	any other information, enter change(s) he: (Attach additional sheets, if necessary.)
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	- And Torger
	Signature of a member or authorized representative of a member
	Nick Torgerson Oxyped or printed name of signce
	Typed or printed name of signee
•	Page 3 of 3

Filing Fee: \$25.00

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