1209000066789

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11 JAN I 4 AMIN: 42

T. HAMPTON JAN 1 8 2011 EXAMPLES

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: USP AND HASP UC 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:					
ALEXANDEN 52ACAY Name of Person					
Firm/Company					
530 NORTH FEDERAL HIGHWAY					
FORT LAUDENDALE, FLORIDA 33301 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
ALEXANOGN 52ACAY at (412) 901 3059 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 A	AMENDMENT - FILED OTALE			
T(
ARTICLES OF O	F 11 JAN 14 AM 11:42			
2	11 JAN 14 MILLS			
CUSP AND	HASP LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)			
	were filed on 7 10/2009 and assigned			
The Articles of Organization for this Limited Liability Company Florida document number 49000066789	were filed on and assigned			
Florida document number				
This amendment is submitted to amend the following:				
This amendment is submitted to amend the following.				
A. If amending name, enter the new name of the limited liab	llity company here:			
FINANCEHUBI. COM	LLC			
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter your principal officer address if applicables	530 NORTH FEDGRAL HIGHWAY			
Enter new principal offices address, if applicable:	FORT LAUDENDACE, FL. 3330			
(Principal office address MUST BE A STREET ADDRESS)	FULL PROPERTY OF THE STATE OF T			
Enter new mailing address, if applicable:	530 NORTH FEDERAL HIGHWAY			
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDENDATE FL. 33301			
Training united MAT DE 11 1 001 01 1 1 00 Bong	10:5			
B. If amending the registered agent and/or registered off				
registered agent and/or the new registered office address here	2:			
Name of New Registered Agent: ALEX	ANDER SZACAY			
New Registered Office Address: 530	NORTH FEDERAL HIGHWAY Enter Florida street address			
FORT LAUDENDATE, Florida 3330				

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

Page 1 of 2

	ding the Managers or Managing M aging Member being added or remo	embers on our records, enter the title, na wed from our records:	me, and address of each Manager
	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
CEC	ALEXANDER S	SZACAY 530 NORTH FORT LANDERDATE	FEDERAL AAdd FLESS Remove
<u>M6</u>	R JOHN HANCE	9 301 EAST VAN SUITE 3130 BOLA RATON FL	MATO PA Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If an		r change(s) here: (Attach additional sheets,	
		L.COM UC IS A ELPPEN AND MA	PKETING 11 JAN
Dated	JANUARY 11, Signature of a	DO (). Thember or authorized representative of a member of a mem	AM 11: 42
	ALEXI	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00