## 109000097641

(Requ	uestor's Name)	
(Addr	ess)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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J. SAULSBERRY EXAMINER? AUG 26 2013

## **COVER LETTER**

Registration Section
Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

TO:

SUBJECT: FI AS	sets LLC				
	Name of Limit	ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Noel Moens	sens			
		Name of Person	<u> </u>		
	Noelco, Inc				
		Firm/Company			
	12914 Magn	olia Point Blvd			
		Address		•	<b>L</b> 3
	Clermont, Fl	34711			2013 AUS 21
		City/State and Zip Code			5
	noelmoen@msn.			·	$\overline{\Sigma}$
For further information co	e-mail address: (to	o be used for future annual report notificati all:	on)		F
Noel Moens	ssens	40/46/5515 at ( )		<u></u>	i S
Name of	Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check for th	ne 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 Fili Certificat Certified (additiona	e of Statu Copy	s & enclosed)

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

FI Assets LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)
	,	,
The Articles of Organization for this Limited Liability Co	ompany were filed on $10/9$	2009 and assigned
Florida document number <u>L0900009769</u>	4	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviat
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDR.	<u> </u>	· <u>P</u> ,
	<u></u>	<u>: D                                   </u>
		en an en
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		i di
B. If amending the registered agent and/or registered agent and/or the new registered office addr		records, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Willy Moenssens	Churchilllaan 180/6	✓ Add
		Schoten 2900	Remove
		Belgium	
			Add
			Remove
			Add
			Remove
			~ ~ ~
			Add 2
			Remove
<del></del>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			<u></u>
			Add
			Remove

•
zed representative of a member

Page 3 of 3

Filing Fee: \$25.00

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