L10000005294

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| A. LUNT | |
| MAY 2 6 2010 | |

EXAMINER

Office Use Only



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05/24/10--01020--019 **30.00

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--------------------------|----------|
| | | |
| SUBJECT: Guganious Investments, LLC Name of Limited Liability Company | | |
| 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: | | |
| Michole Gurganious Name of Person | | |
| Name of Person | | |
| Keef Capital Financial, LLC | | |
| 885 Morning Cove Cir. SE | | |
| Address | | |
| Palm Bay FL 32909 (City/State and Zip Code | | |
| Cfty/State and Zip Code | 20 | |
| E-mail address: (to be used for future annual report notification) | 2010 MAY 24 SECRETAR' | erecont. |
| E-mail addless. (to be used for future alinual report nonfreation) | | 1 } |
| For further information concerning this matter, please call: | SS 24 | |
| Name of Person at (321) 1034-4518 Area Code & Daytime Telephone Number | personal and the | |
| Enclosed is a check for the following amount: | ⇒ + | |
| (additional copy is enclosed) Certified | te of Status & | sed) |

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

| Gurganious Lovestmen | its, LLC | |
|---|--|-------------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | y as if now appears on our records ability Company) | <u>r.</u>) |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>11000005294</u> . | vere filed on <u>14 Jan 201</u> | 2 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| Reef Capital Financia. The new name must be distinguishable and end with the words "Limite" L.L.C." | d Liability Company," the designat | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 20 10 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 885 Morning Palm Bay, EL | A SSEE TO |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | | nter the name of the nev |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | |
| | Enter Florida stree | et address |
| | City , Florid | laZip Code |
| | ~ <i>,</i> | Esp Conc |

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

| <u> Citle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|---------------------------------|---|---------------------------------------|
| | | | Add |
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| | | | Be move |
| | | | Add Remove |
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| | | | Add Remove |
| D. If amer | nding any other information, en | ter change(s) here: (Attach additional sh | eets, if necessary.) |
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| | | | |
| _ | | | , , , , , , , , , , , , , , , , , , , |
| Dated | mas. | | |
| | Signature o | / / / | nember |
| | Nichole | Typed of printed name of signee | |

Filing Fee: \$25.00