10000012884

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T. HAMPTON SEP 1 4 2010 EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co	ection rporations		
SUBJECT: Candlewo			od Financial, LLC	
		Name of Lim	ited Liability Company	
The e	nclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		Gregory G. Barr	·	
			Nume of Folian	
Firm/Company 9 E. Braman Ct. Address Fort Myers, Florida 33901		Firm/Company		
			<u>-</u>	
			City/State and Zip Code	
For fu	orther information	E-mail address: (concerning this matter, please of	to be used for future annual report	notification)
		-		010 6616
		egory G. Barr of Person	at (239) Area Code & Da	910-6616 ytime Telephone Number
Enclo	sed is a check for	the following amount:		
₹ 2	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl.	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration Se Division of Co Clifton Buildin	orporations ng e Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 SEP 13	SECRETARY OF STORPOR
E0 :21 Hd	OF STATE

Candlewood Financial, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/03/2010 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____L10000012884 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 _, 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager MGRM = Managing Member <u>Title</u> Address Type of Action <u>Name</u> MGR Gregory G. Barr 9 E. Braman Ct. ✓ Add Fort Myers, Florida 33901 Remove Kathleen M. Barr MGR 9 E. Braman Ct. 🗹 Add Remove Fort Myers, Florida 33901 MGR T. Drew Drake 5252 Summerlin Commons Way #101 Fort Myers, Florida 33907 √ Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 8 2010 Agyature of a member or authorized representative of a member Gregory G. Barr Typed or printed name of signee

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:

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Filing Fee: \$25.00