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Special Instructions to Filing Officer:

L. SELLERS

OCT 1.8 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

COVEREDITER
TO: Registration Section Division of Corporations
SUBJECT: Rose & Zinger Firmiled 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:
, , , , , , , , , , , , , , , , , , ,
Therese Holzinger
Name of Person  Name of Person  Name of Person  Firm/Company
222 Industrial Blvo. Ste. 152
1 ap lon . 1 a. 34104
City/State and Zip Code
Therese Holzinger @ Embargmail. com E-mail address: (to be used for future annual report notification)
$\cup$ (7)
For further information concerning this matter, please call:
1/7888 Holyigar at (239) 200-4121
Name of Person  Area Code & Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tailahassee, 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

· Rose & Linger	tinancial lilic
(Name of the Limited Liability Comp (A Plorida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 10000099900	7/20/
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Timen - Financial	L.L.C.
	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	222 Industrial BlvD.
(Principal office address MUST BE A STREET ADDRESS)	<del>St</del> 2.152
	Naples. Fla. 34104
Enter new mailing address, if applicable:	same AS principle office
(Mailing address MAY BE A POST OFFICE BOX)	ASS TO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	97.0
registered agent and/or the new registered office address ne	ည္း ကြို့ကို ⊒ ျိုက္ခြင္း ကြို့ကို ယ (ဩ)
Name of New Registered Agent:	ese Hazinger = 5
New Registered Office Address: 222	Industrial BIVD. 50.152
	Enter Florida street address
1	ples Florida 34104
	\City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>

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, Thereby 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> **Address** prillette Rose ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00