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D. BRUCE
NOV 18 2010
EXAMINER

COVER LETTER

Division of C			
SUBJECT:	PHIN	IANCE, LLC	
	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are su	-	
Please return all corres	pondence concerning this matte	r to the following:	
	PHILIPPE	BARCESSAT DE BERENGE	ER
		Name of Person	
	<u> </u>	Firm/Company	
5387 HUNTINGWOOD COURT			
Address			20 3
SARASOTA, FLORIDA 34235 City/State and Zip Code philippebarcessat@yahoo.com			
			10 NOV 17 PH 3: SLLEBBASSEE, FLO
	E-mail address: (to be used for future annual report notificat	ion)
For further information	concerning this matter, please of	call:	
	RCESSAT DE BERENG		76-1012 CD
Name	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for	the 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PHINANCE, LLC			
(Name of the Limited L	lability Company as it now app lorida Limited Liability Compan	ears on our records,)		
(A1	ionaa Elimoa Elabinty Compan	,,		
The Articles of Organization for this Limited Liab	oility Company were filed on _	October 27, 2010	and assigned	
Florida document numberL100001121	<u>19</u> .			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liability company i	<u>iere</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LL	.C" or the abbreviation	
L.L.C.				
Enter new principal offices address, if applicab	le:		<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)		RI- HARMAN	
			SE 7	
			3 3 III	
Enter new mailing address, if applicable:			S & D	
(Mailing address MAY BE A POST OFFICE BO	OX)		50 8	
				
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new	
	 			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** <u>Name</u> MGR Philippe Barcessat de Berej ☐ Add 5387 Huntingwood Court Sarasota FL 34235 Remove Philippe Barcessat de Berg MGMR 5387 Huntingwood Court ✓ Add Sarasota FL 34235 Remove Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 13 2010 Dated ____ guardre of a member or authorized representative of a member PHILIPPÉ BARCESSAT DE BERENGER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00