

L 10000116533

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10 DEC 28 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 29 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A&S FINANCIAL SERVICES, LLC
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:

DANIEL BALLON

Name of Person

A&S FINANCIAL SERVICES, LLC

Firm/Company

3230 W COMMERCIAL BLVD #350

Address

FT LAUDERDALE, FL 33309

City/State and Zip Code

JENTIN@ASFIN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD C ENTIN ESQ

Name of Person

at (**561**)

955-1950

Area Code & Daytime Telephone 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:

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**

A & S FINANCIAL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 9, 2010 and assigned Florida document number L10000116533.

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 _____

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:

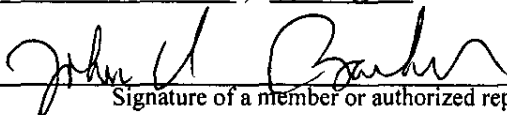
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRADLEY HARNER	8305 NW 38 CT CORAL SPRINGS, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOHN H. BARKER	3760 E. LAKE SETATES DRIVE DAVIE, FLORIDA 33328	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JEREMY L. ENTIN	2206 CHARLESTON WESTON FLORIDA 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DANIEL BALLON	7500 NW 1 COURT #209 PLANTATION FLORIDA 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ASFIN PARTNERS, LLC	3230 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12/27, 2010



Signature of a member or authorized representative of a member

JOHN H. BARKER

Typed or printed name of signee