## L110000001511

(Requestor	s Name)			
(Address)	-			
(Address)				
(City/State/Z	Zip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
(Document Number)				
Certified Copies Ce	ertificates of Status			
Special Instructions to Filing Of	ficer:			

Office Use Only



800194386648

02/22/11--01035--003 \*\*25.00

FILED

11 FEB 22 PM 1: 36

SECRETARY OF STATE AND A SECRETARY OF STATE

J. BRYAN

FEB 2 3 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FINOAH Investments 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:
William Walker Name of Person
Elite Global Solution) 仏色 富田
3167 Wellington Park. Cir. D-23
Orlando, FL. 32839  City/State and Zip Code  William. Walker @ live. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Walker at (407) 602-8348  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

ARTI	CLES OF O	PRGANIZAT	ION	20 1	77
•	0	F		Fred Fr	
(Name of the Limited	Liability Compa Florida Limited I	In Vesting as it now appear Liability Company)	MUN-Surs on our records.)	LLEGA	3 60
The Articles of Organization for this Limited Lie Florida document number	ability Company	were filed on	01/05/2	211 and assign	led 6
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company,he	<u>re</u> :		
Elite Glo	bal	Soluti	ons L	LC.	
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ited Liability Comp	any," the designation	n "LLC" or the abb	reviation
Enter new principal offices address, if applica	able:	5/67	1/10/1000	n Park C:	c. B-2=
(Principal office address MUST BE A STREET		Orlan	do, FL.	32839	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>3<i>0X</i>)</u>	5167 We Orlar	Ulington Pa	rk Cir. 1 32839	)-23 
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered of fice address her	fice address on : e:	our records, <u>ente</u>	er the name of t	he new
Name of New Registered Agent:	$\underline{W}$	illiam	Walke	<u></u>	<del></del>
New Registered Office Address:	5167 W	ellington	Park Ciruter Florida street d	, <u>b</u> -23	<del></del>
	_Orl	ondo	, Florida	32839	<u> </u>
		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 = Mana 'MGRM = Mar	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jim Bozzuto	orlando, FL. 32835	Add Remove
			Add Remove
			Add Remove
<u></u>	<del></del>		Add Remove
\$10-11-10-11-10-11-10-11-10-11-11-11-11-1			Add Remove
			Add Remove 
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
		T A U U C C C C C C C C C C C C C C C C C	B 22 PM 1: 36
Dated 7	ebwary 18, 201,	L	ADA M
	William	authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00