

# L11000022309

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000183552 3)))



H110001835523ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: *C VESKOVSKI*  
Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954) 525-7500  
Fax Number : (954) 761-8475

RECEIVED  
11 JUL 18 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: *CBV@TRIPPSCOTT.COM*

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FINANCE DEPOT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED  
11 JUL 18 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H 11000183552 3  
11 JUL 18 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FINANCE DEPOT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 22, 2011 and assigned  
Florida document number L11000022309

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**)

10 FAIRWAY DRIVE

SUITE 202

DEERFIELD BEACH FL 33441 US

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10 FAIRWAY DRIVE

SUITE 202

DEERFIELD BEACH FL 33441 US

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

H11000183552 3

H 11000183552 3

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

Title	Name	Address	Type of Action
MGR	FRANK MANCARI	C/O WILLIAM GROSS SUITE 202 DEERFIELD BEACH FL 33441 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR, P	FRANK MANCARI	10 FAIRWAY DRIVE SUITE 202 DEERFIELD BEACH FL 33441 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP, S	BARBARA MANCARI	10 FAIRWAY DRIVE SUITE 202 DEERFIELD BEACH FL 33441 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
T	CHRISTINE MANCARI	10 FAIRWAY DRIVE SUITE 202 DEERFIELD BEACH FL 33441 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 JULY 18, 2011

FILED  
11 JUL 18 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

WILLIAM J GROSS, AUTHORIZED SIGNATORY

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H 11000183552 3