

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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

\*\*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
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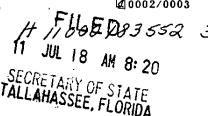
Corporate Filing Menu

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



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:	10 FAIRWAY DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 202	
	DEERFIELD BEACH FL 33441 US	
Enter new mailing address, if applicable:	10 FAIRWAY DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	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 Desistered Agent's Company of shoreing Desistered Agent.	•	

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

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MGR = Manager

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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:

MGRM - Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action MGR FRANK MANCARI C/O WILLIAM GROSS □ Add Remove MGR, P FRANK MANCARI 10 FAIRWAY DRIVE ✓ Add SUITE 202 DEERFIELD BEACH FL 33441 US Remove VP, S BARBARA MANCARI 10 FAIRWAY DRIVE ✓ Add SUITE 202 Remove DEERFIELD BEACH FL 33441 US CHRISTINE MANCARI 10 FAIRWAY DRIVE **✓** Add SUITE 202 Remove DEERFIELD BEACH FL 33441 US Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) =**JULY 18** 2011 Dated Signature of a member or authorized representative of a member WILLIAM GROSS, AUTHORIZED SIGNATORY

Typed or printed name of signee
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Filing Fee: \$25.00

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