## 411000031579

(Re	equestor's Name)
(Ac	ddress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ви	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Consideration	

Special Instructions to Filing Officer:

A. LUNT

MAY 13 2010

**EXAMINER** 

Office Use Only



400207382544

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT:	Name of Limit	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
	<u>Nicholas</u>	M Andrews 5 Name of Person		
	Liberty Ci	Firm/Company		
	4903 Midte	Address Vait 3	2011 MAY 12 PH 3: 46 SEA TO BE STATE ALLAHASSEE, ELORIBE	77
	Palm Beach	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notificat	ion)	
For further information c	oncerning this matter, please of	eall:		
Nicholes M Name o	Andrews Sr.	at ( <u>561</u> ) <u>644- 2-655</u> Area Code & Daytime Te	elephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1: \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING 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**

Liberty Finance (Name of the Limited Lia (A Flo	ibility Compa orida Limited I	nv afsit ne	ow appea ompany)	ers on ou	r records.)		-	
The Articles of Organization for this Limited Liabil Florida document numberL11000031579		were file	ed on <u></u>	) <u>3/ IS</u> /	12011	and	assigne	đ
This amendment is submitted to amend the following	ng:							
A. If amending name, enter the new name of the	e limited liab	ility com	pany he	ere:				
The new name must be distinguishable and end with th "L.L.C."	e words "Limi	ted Liabil	ity Comp	oany," the	designation	"LLC"sor t		
Enter new principal offices address, if applicable:		60	) He	citase	. Ocive	£7 581∓ <b>-</b>	≈ ã32	
(Principal office address MUST BE A STREET ADDRESS)		J	PRITEC		Ocive FL	33458	N	
Enton non-mailing address if a reliable	_					FLORIE	PH 3: 45	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	T.O.					· Az idadh		
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered of		ress on	our rec	ords, <u>ente</u>	r the nam	e of the	e new
Name of New Registered Agent:		bring		Ev	war t			
New Registered Office Address:	4903	1:dae	w4	Lane	Vait	3121		
			Er	nter Flor	rida street a	ddress		
_	Pa/m Be	City	basde	<u>د</u>	_, Florida <sub>-</sub>	3 3 4 1 8 Zip Ce	9 ode	
New Registered Agent's Signature, if changing Regis	stered Agent:							
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis	er and completed agent as p	lete perfo provided	ormance for in G	of my a hapter t	luties, and 508, F.S. O	I am famil r, if this do	iar with ocument	and

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> Type of Action **Address** MUR Nicholas M Andrews Sr. 4903 Midtown Lone Unit 3121 falm beach builders FL 33418 Remove Sabrina M Ewart N GR 4903 Midrown Lane Vair 3/21
Rolon Beach Gardes, FL 33418 ☐ Remove ⊟ Ada⊇ Remove Remove  $\prod$ Add \_\_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 05-09 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00