

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BAKER & MCKENZIE
Account Number : 074222002135
Phone : (305) 789-8900
Fax Number : (305) 789-8953

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

Email Address: stewart.kasner@bakermckenzie.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FINANSCOPE INVESTMENTS LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
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G. MCLEOD

OCT 20 2011

EXAMINER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FINANSCOPE INVESTMENTS 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 04/05/2011 and assigned
Florida document number L11000040555

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)

10225 Coral Creek Road
Coral Gables, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10225 Coral Creek Road
Coral Gables, FL 33156

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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

Title	Name	Address	Type of Action
MGR	Reinaldo Vicentini	10505 NW 27 Street, Suite 1 Doral, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Reinaldo Vicentini	10225 Coral Creek Road Coral Gables, FL 33156	<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
			<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 10/18/2011

Reinaldo Vicentini

Signature of officer or authorized representative of a member

Typed or printed name of signer