

L11000051258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

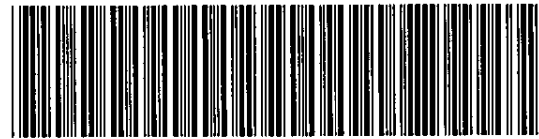
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
DADE COUNTY
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2014 NOV 10 AM 7:08

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NOV 17 2014
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FINAMAC-USA 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:

YILEIDIS RODRIGUEZ

Name of Person

DUVEKOT CORPORATION

Firm/Company

1310 PARK CENTRAL BLVD SOUTH

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

PARALEGAL@DUVEKOT.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA
CLERK OF COURT

For further information concerning this matter, please call:

YILEIDIS RODRIGUEZ

305 716-9775

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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
OF**

FINAMAC - USA, 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 4/29/2011 and assigned
Florida document number L 11000051258

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

1310 PARK CENTRAL BLVD SOUTH

SUITE C95

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1310 PARK CENTRAL BLVD SOUTH

SUITE C95

POMPANO BEACH, FL 33064

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:

DUVEKOT CORPORATION

New Registered Office Address:

1310 PARK CENTRAL BLVD SOUTH

Enter Florida street address

POMPANO BEACH

Florida 33064

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 605, 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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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO HENRIQUE RAMINELLI ARPINO	1310 PARK CENTRAL SOUTH	<input checked="" type="checkbox"/> Add
		SUITE C95	<input type="checkbox"/> Remove
		POMPANO BEACH, FL 33064	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF STATE
TREASURY
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FEI/EIN NUMBER: 37-1643940 IS INCORRECT

CORRECT IS FEI/EIN IS: 37-1643970

E. Effective date, if other than the date of filing: N/A (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 23

2014

Signature of a member or authorized representative of a member

MARINO ARPINO

Typed or printed name of signee

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TALLAHASSEE FLORIDA