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(R	Requestor's Name)	
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(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
( <u>(</u> B	Business Entity Name)	<del></del>
(0	Ocument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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2011 NOV 10 AM 9:27
SECRETARY OF STATE

J. SAULSBERRY EXAMINER NOV 1 5 2011

## **COVER LETTER**

1,0.	Division of Co						
SUBJEC	CT:	Financ	cial Start, LLC				
		· · · · · · · · · · · · · · · · · · ·	ted Liability Company				
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all corresp	ondence concerning this matter	to the following:				
			Adrian Williams				
			Name of Person				
			Financial Start, LLC				
			Firm/Company				
		8461	Lake Worth Rd, Suite 205				
			Address		<b>7</b> 45	20	
	Lake Worth, FL 33467  City/State and Zip Code			LARE MAN	2011 NOV 10	~1	
				TARY ASSE	¥	nother, Moone	
		E-mail address: (1	rian@financialstart.org to be used for future annual report notifical	tion)	M M M M M		i
For furth	er information	concerning this matter, please c	•	······	C. FLORIDA	AM 9:27	Trans.
	Ac	Irian Williams	at ( 561 ) 7	13-1320		7	
	Name	of Person	Area Code & Daytime T	elephone Number	, –		
Enclosed	l is a check for	the following amount:					
<b>₹</b> 25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fili Certificat Certified (addition	te of Statu		xd)
		LING ADDRESS:	STREET/COURIER Registration Section	R 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

( <u>Name of the Limited</u>	Liability Compa	ny oe it now anne			
",	A Florida Limited I	iability Company	ears on our records.)		
The Articles of Organization for this Limited L Florida document number		were filed on _	September 27, 20	011 and assign	ned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company h	ere:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Com	npany," the designation	"LLC" or the abb	reviation
Enter new principal offices address, if applic	able:	8461 Lake	Worth Road	•	* 
(Principal office address MUST BE A STREE		Suite 205			-
		Lake Worth	n, FL 33467		- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Worth Road	OV 10	\$120.00.c.
		Suite 205 Lake Worth	n, FL 33467	0 S S S	
B. If amending the registered agent and/ registered agent and/or the new registered of			n our records, <u>enter</u>	The name of t	<u>he nev</u>
Name of New Registered Agent:	<del></del>	·		<u></u>	
New Registered Office Address:	8461 Lake \	Worth Road, S	<del></del>		
		1	Enter Florida street a	ddress	
<u>L</u>		ake Worth	, Florida _	33467	
		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 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 **Address Title** Type of Action Name MGRM John Skeffington 222 NW 18th Street ☐ Add Remove Delray Beach, FL 33444 Adrian Williams MGRM 8461 Lake Worth Ave ✓ Add Remove Suite 205 Lake Worth, FL 33467 Add ☐ Remove ∏Add Remove ∏Add ☐ Remove ∏Add **∏** Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar

Signature of a member or authorized representative of a member

~2011

October 247

Dated\_

Adrian Williams

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00