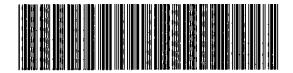
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(Requestor's Name)						
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(CII	ty/State/Zip/Pflone	; #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
		<u>-</u>				
(Do	ocument Number)					
Certified Copies	Certificates	of Status				
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Special Instructions to Filing Officer:						
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Office Use Only



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TALLAHASSI E. FLORID

B. BOSTICK

OCT 1 4 2011

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor		•			
SUBJECT: Newmont Financial, LLC						
		٠				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Justin Rader Name of Person				
N			ewmont Financial, LLC			
Firm/Company						
568			6685 Descartes Circle			
Address						
	City/State and Zip Code					
			ader777@yahoo.com to be used for future annual report no	otification)		
For fu	rth er information c	oncerning this matter, please o	call:		AS 1	
	Ji	ustin Rader	at (954)	529-3933	100	
-		f Person		time Telephone Number		
			•		m _c — m _e	
Enclos	sed is a check for t	he following amount:			FES C	
₹2 5	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Status &	
	Regista Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations ; Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Newmont Fi	nancial, LLC		
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company	y were filed on <u>Ser</u>	tember 28, 2011 and assigned	
Florida document number L1100011	1082			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
	n/a	a		
The new name must be distinguishable and end w. "L.L.C."	ith the words "Lim	nited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if appli	cable:	n/a	Au -	
(Principal office address MUST BE A STRE	ET ADDRESS)			
	•			
			S. C. I	
Enter new mailing address, if applicable:		n/a	ा प्राप्त	
(Mailing address MAY BE A POST OFFICE	E BOX)		بيان يو المسلم	
			D	
B. If amending the registered agent and registered agent and/or the new registered of			r records, enter the name of the new	
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
	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 <u>Title</u> <u>Name</u> Address Type of Action MGRM Justin Rader 13336 Bedford Mews Court □ Add Wellington, FL 33414 √ Remove MGR Justin Rader 13336 Bedford Mews Court Wellington, FL 33414 Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) n/a October 11 2011 Dated_ Signature of a member or authorized representative of a member Maximiliano Rodriguez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00