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## **COVER LETTER**

TO:

TO: Registration So Division of Cor				
CHIB DECT.	INANCIAL, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The analysed Articles of	Amendment and fee(s) are sub	amitted for filing		
	ondence concerning this matter	_		
·	·			
	BARBARA CARINO			
		Name of Person		
	CARINO FINANCIAL. L	LC		
		Firm/Company		
	9734 SW 184 STREET			
	<del></del>	Address		
	CUTLER BAY / FL / 331:	57		
		City/State and Zip Code		
	CARINOFINANCIAL@O			
For further information c	e-mail address: (	to be used for future annual report notification) all:		
BARBARA CARINO		305 251-6000		
	f Person	at () Area Code Daytime Telephone Number		
rane o		Trayvine receptione (Minute)		
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CARINO FINANCIAL, LLC

21 APR 15 PM 12: 26

(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  $\frac{10/05/2011}{10/05/2011}$ and assigned Florida document number L11000114076 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9734 SW 184 STREET Enter new principal offices address, if applicable: CUTLER BAY, FL 33157 (Principal office address MUST BE A STREET ADDRESS) 9734 SW 184 STREET Enter new mailing address, if applicable: CUTLER BAY, FL 33157 (Mailing address MAY BE A POST OFFICE BOX) 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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member			Wich A through of A th		
Title	Name	Address	21 APR 15 PH 12	: 26 Type of Action	
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CURRENT REGISTERED AGENT, CHANGE OF ADDRESS:	a. AVE	10K (5.)	Minister Constitution of the Constitution of t
9734 SW 184 STREET, CUTLER BAY, FL 33157.	21	APR 15	PM 12: 26
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more the ote:  If the date inserted in this block does not meet the applicable statutory filing requeument's effective date on the Department of State's records.	ian 90 days :	ptional) ifter filing, this date	) Pursuant to 605.0207 ( will not be listed as t
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Signature of a member or authorized representative of a r	member	<del></del>	